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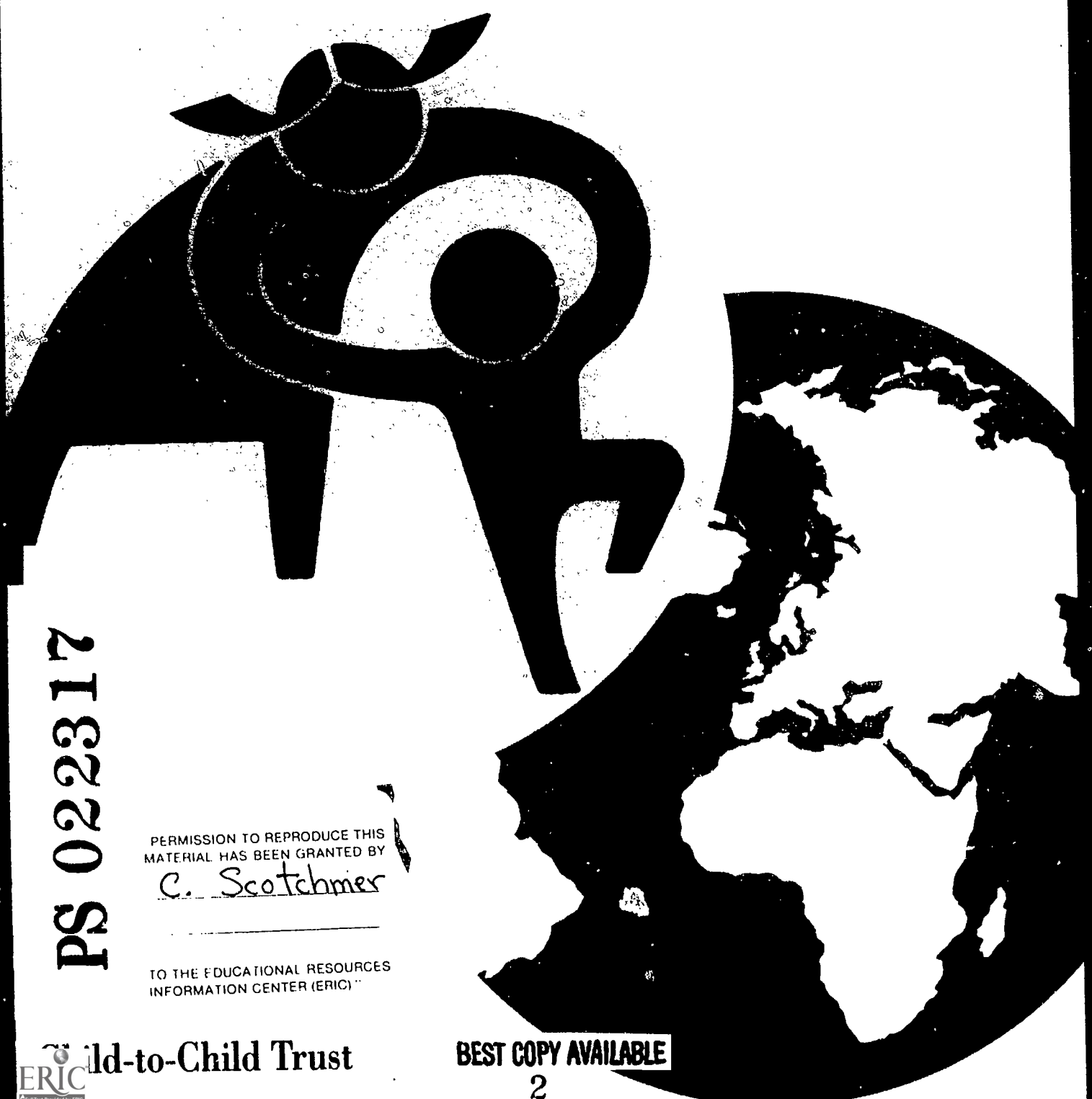
ABSTRACT

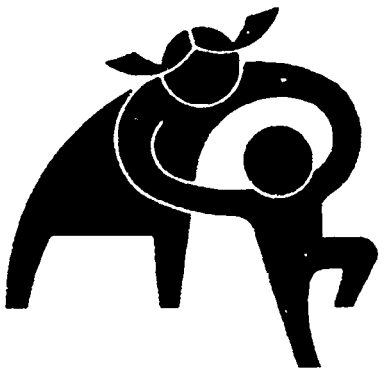
Child-to-Child ideas and activities represent an approach to health education. Not an alternative program but instead a component of other programs, Child-to-Child emphasizes the role of children as partners within families and communities in promoting better health practices and promotes Child-to-Child activities. This booklet describes approximately 200 known Child-to-Child activities in over 70 countries and lists European and North American-based partners in the promotion of international Child-to-Child activities. Over 30 projects are described in greater detail in order to give examples of the range of different activities. There are seven sections in the book. The first section discusses the Child-to-Child idea and its implementation. The second section lists different activities grouped in the following three categories: Child-to-Child materials as a resource for health education; Child-to-Child approaches within the formal education system; and Child-to-Child action organized outside formal education. The third section lists Child-to-Child activities by country. The fourth section lists the European and North American-based partners in the promotion of international Child-to-Child activities. Expanded profiles of 32 selected Child-to-Child programs and projects are included in the fifth section. The sixth and seventh sections list Child-to-Child publications available from TALC (Teaching-Aids at Low Cost) and various other sources. (TJQ)

June 1993

DIRECTORY of Child-to-Child Activities Worldwide



Child-to-Child Trust



Directory of Child-to-Child Activities Worldwide

June 1993

Child-to-Child Trust
Institute of Education
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CONTENTS

CHILD-to-CHILD

The idea and its implementation

The idea

Child-to-Child was launched in 1978 in preparation for the forthcoming International Year of the Child. Jointly sponsored by the Institutes of Child Health and Education at the University of London, it is based on a deep commitment to certain principles:

- The concept of primary health care: developing the power of individuals and communities to share responsibility for the improvement of their own health.
- Faith in the power of children as members of these communities to spread health messages and health practices to younger children, peers, families and communities, but at the same time conviction that they should enjoy and profit from doing so.
- Conviction of the need for joint action between schools and communities, and between education and health workers at all levels, to promote health education which is based upon identified priorities and which links health knowledge with health action.

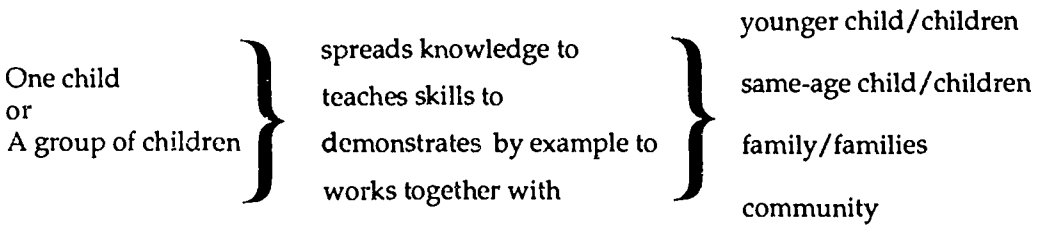
The ideas central to Child-to-Child are not new. Children in families have always helped each other and contributed towards spreading ideas to others. Child-to-Child approaches seek, however, to empower them with new knowledge and to protect their rights at the same time as emphasising their responsibilities.

In the past fifteen years the concept has developed and the ideas have spread. Many millions of children round the world are involved in Child-to-Child activities and the concept has become closely linked with worldwide movements promoting Education for All and the Rights of the Child.

An approach to health and education

Child-to-Child ideas and activities represent an approach to health education. Child-to-Child is not an alternative programme. Rather it emphasises the role of children as partners within families and communities in promoting better health practices, and promotes Child-to-Child activities as components of other programmes.

There is no one way for children to promote health. The figure below indicates that there are complicated channels of communication involved which are likely to differ in respect of each cultural context, each message and according to different ages of children involved.



Consequently programmes which use the approach do so in different ways and with different degrees of effectiveness. Those which are most effective involve children in decision-making rather than merely using them as communicators of adult messages, but whenever children are involved as partners in this way, more change is demanded in current structures and methodologies in health and education.

The Child-to-Child Trust

A small independent charitable trust has been set up, working from the Institutes of Child Health and Education. Its core staff are supported by a group of resource persons from the two institutes as well as experienced professionals from round Britain. All those working for the Trust do so without charging consultancy fees, and this principle also applies when, as freqently happens, the Trust arranges for sharing of expertise between activities taking place in different countries.

The Trust's activities may be divided into three categories:

- Materials production - designing and distributing materials worldwide and encouraging their adaptation to local contexts.
- Implementation - assisting in planning and monitoring Child-to-Child activities in action.
- Information dissemination, and research - acting as a resource and information base for those using the approaches worldwide, and encouraging and assisting in research based on relevant programmes and activities.

An independent sister organisation, L'Enfant pour l'Enfant, based on the Institut Santé et Développement at the University of Paris, undertakes the same range of activities with partners in francophone countries. Both organisations, the Child-to-Child Trust and L'Enfant pour l'Enfant, recognise that the approach has many applications outside the field of health and encourage other agencies to follow up and develop these. However the priority of both organisations remains towards 'children for health' and, moreover, towards activities organised by and for school-aged children rather than those involving youth and young adults.

It needs to be stressed that neither the Child-to-Child Trust nor l'Enfant pour l'Enfant direct, control or finance any of the activities described in this book or the many others not so recorded. They act, rather, as resource units within a worldwide network.

The worldwide network

The Trust has named international consultants who help to spread ideas and act as a focus for activities in their regions. But the strength of the movement lies in the multiplicity of activities at national and local level. An example of the range and diversity of such activities is given in the next section of this booklet.

Co-ordination at national level may be strong, weak or virtually non-existent. In some countries national ministries (usually education or, less frequently, health) may play a critical role. Sometimes some co-ordination may be provided through a national NGO set up for the purpose, a situation relatively common in the early days of Child-to-Child but much rarer now. Sometimes a large international agency (often UNICEF) or an NGO such as Save the Children or AMREF may provide a measure of co-ordination; however there are many gaps and much wastage of effort due to lack of shared informaton. The need to identify and promote designated resource units at national and sub-national level to facilitate the process of sharing has been identified as one of the Trust's major priorities.

About this booklet

This booklet describes some 200 known Child-to-Child activities in over 70 countries and also lists European and North American-based partners in the promotion of international Child-to-Child activities. Where possible useful contact names are given.

We also describe over 30 projects in slightly greater detail. These have been specially selected to give examples of the range of different activities. In the next section, where we classify activities into different types, we refer to a number of these projects.

At present we would estimate that less than half of the programmes and projects which use ideas and materials generated by the Child-to-Child Trust and l'Enfant pour l'Enfant are listed. Busy professionals aiming to improve health and save lives have little time to share their knowledge. We hope in future editions to list many more activities.

An even larger number exist which use the concept and methodology but have developed parallel to Child-to-Child and do not use or may be unaware of its materials. These too need to be listed since the purpose of this booklet, and of the Child-to-Child movement, is to promote knowledge about ways in which children can act as partners to make communities healthier, no matter what such initiatives are called.

We therefore appeal to readers who use this publication to write to us to update it, to add information about programmes described, to add accounts of new applications of the approach and also to announce 'obituaries', for we must recognise that programmes die as well as grow. The value of this booklet will depend largely on whether its information is as comprehensive and correct as possible. We, the editors, will do our best to help make it so, but you, the readers, also have an essential part to play.

Please address amendments and additions to:

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A variety of approaches

The approach is used in various ways, each valuable in its own right. Often different examples of use are found in the same country. The variety in application of the approach constitutes one of the strengths of the movement. Below we list different kinds of activity; all different, all valuable. We have grouped them under three main headings.

1. Child-to-Child materials as a resource for health education

Child-to-Child publications from international sources

Child-to-Child publications, especially activity sheets and readers, are widely used in their original forms as resource materials in international and national programmes.

Examples of action taken:

Nicaragua
Child-to-Child activity sheets in Spanish are being supplied in bulk and used throughout the country as resources for health workers and teachers.

Tanzania
Child-to-Child readers were distributed by an international aid programme as reading material to schools. 32,000 copies of each were provided.

Child-to-Child approaches as components of resource books for health educators

Internationally-used resource books incorporate information and sometimes specific chapters on the Child-to-Child approach.

Examples:

'Helping Health Workers Learn' (David Werner and Bill Bower); a widely-used handbook for non-formal health educators, includes a chapter 'Children as Health Workers'.

'Primary Health Education' (Beverley Young and Susan Durston); a popular resource book for schools, integrates Child-to-Child activities in all chapters and contains a separate chapter on Child-to-Child.

Translation, adaptation and origination of local materials

Many countries have translated Child-to-Child materials into local languages, usually with adaptation to suit local conditions and priorities. In other cases, new materials have been originated based on the Child-to-Child approach.

Examples of action taken:

Arabic-speaking countries
The Arab Resource Collective in Cyprus has translated and adapted activity sheets, readers and materials on methodology and evaluation.

Ecuador
The Fundación Niño-a-Niño in Cuenca has translated activity sheets and 'Children, Health and Science' into Spanish.

India
The Voluntary Health Association of India, New Delhi has produced its own Child-to-Child resource book and other publications (in Hindi and English). In common with other bodies, such as the Centre for Health Education, Training and Nutrition Awareness, Ahmedabad, it acts as a resource unit for Child-to-Child materials produced by other NGOs in India.

India
The National Council of Educational Research and Training, New Delhi have produced materials particularly aimed at pre-school levels, including a teachers' manual.

2. Child-to-Child approaches within the formal education system

As a component of national curricula and education material

It is possible to emphasise the Child-to-Child approach as desirable throughout the primary school curriculum and to state it as part of the general aims of education at this level. Children are actively encouraged to help younger ones within a school situation and to adopt an attitude to development which seeks to spread good practice from school back to the community, e.g. in health, environmental protection and active citizenship. In a narrower sense, many countries (e.g. Guinea, Nepal, Myanmar, Turkey) have announced Child-to-Child as a recommended approach within their health education syllabi.

Example of action taken:

Zambia: Child-to-Child Project

- Project now located in the Curriculum Development Centre.
- Contributes ideas to health components in a variety of subjects, e.g. science and home economics.
- All subject panels are involved. Each has produced a plan to indicate how activity-based health content can be incorporated into that particular subject.

Within pre-service and in-service training of teachers

Child-to-Child approaches have been introduced in teachers' colleges in a number of countries. They form part of the health education curriculum and, through links with primary schools which have incorporated Child-to-Child, teachers in training can also be offered practical training and experience. Minimum health competencies are prescribed by colleges (e.g. the priority areas in UNICEF's 'Facts for Life'). It is the duty of teachers to pass these on to children.

Example of action taken:

Sierra Leone: Teacher Education Project

- New programmes in training colleges based on children's health priorities.
- Action plans for health education in both colleges and schools.
- Integration of Child-to-Child approaches into colleges co-ordinated with national reforms of primary school curriculum.

School-based curricula

Syllabi and, sometimes, textbooks are prescribed nationally; but schools have great power to interpret and vary them to suit their own needs. Moreover, schools control what happens outside the classroom and between the school and community. In many countries (e.g. Kenya, Mali, India [New Delhi] and Uganda) individual schools have developed health action plans to link teachers, children, parents and community members. These plans are made alongside new national-level health syllabi.

Example of action taken:

Uganda: School Health Education Project

- School action plans stimulate health-related activities throughout the year.
- Health priorities introduced into main carrier subjects (e.g. science), across the curriculum (e.g. music) and outside the classroom.
- Priority health topics in each school limited to a few per year.
- Teachers, children, parents and others directly involved on action plan committees and in community activities.
- Teacher training colleges have developed parallel plans for students, to encourage continuity between colleges and schools.

Out-of class activities based on schools

It may not always be possible to integrate Child-to-Child activities with the regular school teaching programme. Health education may not be a school subject or the existing programme may be too overloaded, inflexible or exam-oriented. In many countries (e.g. Sudan, Indonesia, Kenya and Mexico) school health clubs, health scouts and other out-of-class activities have been successfuly organised for children. The advantage of these voluntary groups is that they are easy to establish alongside formal education and that the children who form them are highly motivated. A disadvantage is that many children may be unable to join and that these children are the ones who most need their confidence and motivation built up through such participation.

Example of action taken:

Egypt: School Summer Clubs

- Clubs took place during summer holidays to benefit from experience of teachers and use facilities and resources at a time of year when these were not otherwise employed.
- Health concepts and activities incorporating Child-to-Child approaches introduced to primary school children.
- Knowledge and practices learnt were brought back into family homes resulting in more positive attitudes to personal health and cleanliness.
- Clubs helped to pilot an action-oriented primary school health curriculum.

Schools linked with health centres and/or national health campaigns

Community health centres or individual health centres can link with schools within their communities. Health workers come into school and give children special training on how to carry out work as health promoters. Some national programmes (often with UNICEF assistance) have involved school children in highly successful campaigns, e.g. for immunisation.

Examples of action taken:

India: Malvani Project (Bombay)

- Health personnel organised through a leading medical school to work with schools in low-income city settlement.
- Role of health staff is to provide training and support to teachers.
- Children pass on health messages, carry out health checks on other children, complete health surveys, and refer people to health centres.
- Children increasingly work with close family rather than wider community.

Kenya: Kenya Expanded Programme on Immunisation

- School children were taught about immunisation, located non-immunised infants and encouraged mothers to accept immunisation.
- Evaluation showed children to be effective carriers of immunisation messages.
- Improvements in immunisation coverage recorded.
- Schools persuading most mothers to immunise their children were commended through media.

Schools linked with other schools and communities

In many countries there are areas (often in cities) where some schools are more fortunate than others, or where some children have an opportunity to go to school while others are denied it. Schools in some industrialised countries have developed links with schools in other countries.

Examples of action taken:

India: Delhi Project

- Individual private schools become involved in health programmes in partnership with low-cost municipal schools.
- National Council of Educational Research and Training initiates 'project motivation' to make children in high-cost schools aware of their responsibilities.

United Kingdom: St Helens & Knowsley Health Promotion Department

- Children learn about Child-to-Child approaches elsewhere in the world.
- They develop practical activities (on e.g. smoking, solvent abuse and environmental issues) with families, communities and neighbouring schools.

Schools linked with pre-schools

Older children can effectively help in the health and development of babies and pre-school children by playing with them in an interesting and stimulating way. Research shows that infants who have good mental stimulation are healthier and do better at school later. Child-to-Child activities worldwide help child development, e.g. through identifying pre-schools and infants within communities, making toys for them in schools (often through toy-making workshops) and providing play areas for younger children.

Example of action taken:

Botswana: Child-to-Child Foundation of Botswana

- Primary schools are linked with local pre-school children so that older children can play with and teach the younger ones.
- Teachers are trained in early childhood development.
- Pre-school children are better integrated after entry to primary school and their attainment is higher.
- Quality of communication of all children involved has improved.

Schools in refugee camps

Children in refugee camps benefit in two ways from using Child-to-Child approaches. Their health can be improved and, by giving children recognised responsibilities, their self-esteem can be increased.

Example of action taken:

Pakistan/Afghanistan: Afghan Mother-Child Centre (at border camp)

- Children involved in story-telling, toy-making, and teaching younger children.
- Large numbers of children attended: girls grew in confidence and boys in their sensitivity to needs and care of younger siblings.

3. Child-to-Child action organised outside formal education

Through youth groups

In many countries (e.g. India [Orissa], Nigeria and Sudan) children within scout or health scout groups learn to pass on priority health messages as part of their training. The badge system (badges traditionally given for competency in e.g. cookery or first aid) is a good way of promoting and measuring Child-to-Child activities. It is being extended into topics such as water safety, child care and prevention of diarrhoea. Scout group members need not be school children and do not have to read well to spread messages. Adolescents are increasingly seen as suitable agents for passing on health messages, directly to the community or through Youth-to-Child programmes where young people mobilise school-age children.

Example of action taken:

Romania: Bucharest Health Messengers

- A group of children who promote health in their communities, encourage local solution of local health issues and pass on health knowledge.
- Practical activities run by children themselves (e.g. AIDS and drugs groups, care of older people and environmental issues).
- Children organise their own press and publicity, producing national radio programme and participating in international conferences.

Within health worker training programmes

Contact with the Child-to-Child approach, particularly at the community level, helps doctors and health workers realise the importance of primary health care and of working with the community, including its children. Doctors and health workers in community health programmes can profitably involve children, in and out of school, in spreading health messages. Child-to-Child materials often help health workers communicate with children. The ideas and activities are widely used in nurse training programmes and in training of paramedical staff and community health workers.

Example of action taken:

Ecuador: Fundación Niño-a-Niño, Cuenca

- Introductory workshop held with community health workers, most of whom had no previous involvement in children's health education.
- Participants worked with children from poorer area of Cuenca town and were impressed by their creativity and ability to understand health issues.
- After training, participants found they worked more effectively with children.
- Its success has resulted in local demand to continue this type of training.

Through the mass media

Children have great potential as communicators on radio and television. They are particularly effective because they bring a sense of freshness and vitality to the messages they convey. Effective and popular radio and television health programmes, based on children's activities, exist in e.g. Nepal, Bolivia, Uganda and India.

Example of action taken:

Bolivia: Radio Education Project

- Used interactive radio techniques with children.
- Identified behaviours suitable for Child-to-Child approaches and radio broadcast (e.g. handwashing, food preparation, water collection).
- Lessons consisted of broadcast plus a teaching session.
- Children gained knowledge and made positive behaviour changes.

With disabled children

Disabled children may be helped through the establishment of self-help groups; through placing social emphasis on their needs, or through targeting one particular area of disability, e.g. eye disease.

Example of action taken:

Mexico: Project Projimo

- Based on centre where disabled children can obtain appropriate health care.
- Former users of the centre now learn to provide care to others and construct wheelchairs and prostheses.

With street and working children

There are many programmes which use Child-to-Child materials as part of their activities (e.g. Brazil, Liberia, Philippines and Benin). Street and working children are especially vulnerable to health risks so health education is important for them. Materials and approaches need careful adaptation to meet their particular, local needs.

Example of action taken:

Brazil: Child-to-Child Project with Street Children

- Teaching sessions are short, self contained (because a child's future attendance cannot be guaranteed) and outdoors if possible.
- Practical support (food and medical help) is offered.
- Timetabling fitted in with the children's commitments (not at lunchtimes when they are busy selling chewing gum, etc.).
- Scope of Child-to-Child in developing these children's self-esteem is great.

With child victims of war and disaster

To an increasing extent this also involves the orphans of AIDS epidemics. Related activities include those above for children in refugee camps.

Example of action taken:

Uganda: Masaka District Project (Radda Barnen)

- Part of programme to rebuild schools after civil war, working with children who have HIV/AIDS or are 'AIDS orphans'.
- Children learn songs and games, with emphasis on joining in activities and not being left out or treated separately.

Children in clinics and hospitals

Many small-scale activities have been attempted where children are resident in hospitals (e.g. Northern Kenya). Older children can play with, read to and teach health skills to younger ones. This also raises children's morale.

Example of action taken:

Zambia: Charles Lwanga Teachers' College

- Pupils from school attached to the college prepare plays and songs on health themes.
- Performances are given to people waiting at children's clinics.

Child-to-Child activities by country

Abbreviations: CtC = Child-to-Child; EpE = L'Enfant pour l'Enfant, Institut Santé et Développement, 15 rue de l'Ecole de Médecine, 75270 Paris, France (Programme Director: Dr Elisabeth Dumurgier).

Where no local contact is listed, please get in touch with the Child-to-Child Trust for further details.

AFGHANISTAN
Programmes for Afghan refugees organised in Peshawar by:

1. International Rescue Committee. *Contact:* Health Education Resource Centre, International Rescue Committee, GPO 504, Peshawar, Pakistan. (See page 50.)

2. Radda Barnen; some CtC materials translated into Pashto and Dari. *Contact:* Saeeda Akhtar, Radda Barnen Training Unit for Social Work, University PO Box 1424, University Town, Peshawar, Pakistan.

AUSTRALIA
Ctc materials used with aboriginal and other isolated groups by a number of health and education projects, including the Royal Flying Doctor Service of Australia (Queensland Section).

BAHRAIN
Interest at university level: Professor Hafiz El-Shazali at Arabian Gulf University is CtC Trust international consultant. *Contact:* Professor Hafiz El-Shazali, Chairman, Division of Human Behaviour, College of Medicine and Medical Sciences, Arabian Gulf University, Manama, Bahrain.

BANGLADESH
1. UNICEF-funded schools newsletter, 'Mitali', produced by the Voluntary Health Services Society (VHSS), carries regular CtC features. *Contact:* Afsan Chowdhury, Programme Communication & Information Section, UNICEF, GPO Box 58, Dhaka 1000, Bangladesh.

2. The Bangladesh Rural Advancement Committee (BRAC) use CtC approaches in their non-formal schools to develop adolescent girls as health agents. *Contact:* Bibeka Nanda, Education Section, BRAC, 66 Mohakali, Dhaka, Bangladesh.

3. CARE International have developed CtC health education modules for use by health workers in government primary schools. *Contact:* Zeenat Rehana, TICA Training Officer, CARE International, House 63, Road 7A, Dhanmondi, Dhaka, Bangladesh.

4. Voluntary Health Services Society are adapting and translating CtC activity sheets into Bengali. *Contact:* Dr Nasir Uddin, Director, Voluntary Health Services Society, GPO Box No 4170, Dhaka-1000 Bangladesh.

5. SCF and other NGOs are using CtC materials in their various health and education programmes. *Contact:* Rachel Carnegie, House 42, Road 10A, Dhanmondi, Dhaka, Bangladesh.

BENIN
1. Two seminars held, one by EpE in 1986, one by UNESCO on street children in 1990, with CtC Trust participation.

2. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by the following: Association pour la Promotion Sociale, Educative, Culturelle et d'Alphabetisation des Enfants, Siège C/147 Houinmeygbedytomède, Porto-Novo, Benin; Enfants Solidaires d'Afrique et du Monde, BP 08-0049, Cotonou, Benin; Groupe Enfant et l'Environnement (AJAED), BP 110019, Cotonou, Benin; Programme l'Enfant pour l'Enfant, BP 370, Cotonou, Benin; Survie de la Mère et de l'Enfant, BP 72, Dassa-Zoumé, Benin; Les Enfants de Demain, BP 9184, Cotonou, Benin.

BHUTAN
CtC activities integrated into primary school curriculum in 1988. UNICEF and SCF both involved. *Contact:* Rinzin, Curriculum Officer, Education Department, Thimphu, Bhutan.

BOLIVIA
1. Interactive radio education project incorporates CtC approach. *Contact:* Michelle L Fryer, PARI, La Paz, Casilla 1438, La Paz, Bolivia. (See page 31.)

2. CtC training seminars organised by Save the Children-Canada for health promoters in Cochabamba in February 1993. *Contact:* Cansave-Bolivia, Casilla 304, Cochabamba, Bolivia.

BOTSWANA
1. Independent CtC Foundation with high level of support and considerable funding from voluntary organisations. Two full-time staff. CtC schools identified and number grows annually. In these schools, 'little teachers' help with pre-school children, about to enter school. (See page 32.) *Contact:* Lillian Masolotate, Co-ordinator, Child-to-Child Foundation of Botswana, Private Bag 0084, Gaborone, Botswana.

2. Seminar on Health into Language organised 1990, chaired by Deputy Director, Curriculum Centre, supported by British Council. CtC Trust participation.

3. National youth service, Tirelo Sichaba, uses CtC activities extensively with volunteers.

4. UNICEF interested and committed to introducing the approach into its quinquennial plan and has recently commissioned an evaluation of existing activities. *Contact:* Philip Kosana, Programme Officer Education, UNICEF, PO Box 20678, Gaborone, Botswana.

5. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Family Health Division, PO Box 992, Gaborone, Botswana.

BRAZIL
1. TAPS resource centre attached to Ministry of Health has translated and adapted material and may do more. *Contact:* Hildegard Bromberg Richter, TAPS, Caixa Postal 20.396, CEP 04034, Sao Paulo - SP, Brazil.

2. Awareness workshop 1990 with CtC Trust participation; Viva Criança (attached to Ministry of Health) is incorporating CtC activities. *Contact:* Dr Rosangela de Brito Sales, Programa Viva Criança, Hospital Infantil Albert Sabin, Rua Tertuliano Sales 544, Vila União, Fortaleza, Ceará, Brazil.

3. Christian Children's Fund, Fortaleza are translating 'Child-to-Child: a Resource Book' into Portuguese.

4. School-based programme in Rio Grande do Sul uses adapted and extended version of Criança para Criança, Portuguese version of original 'CHILD-to-child' book.

5. Awareness seminar 1992 with CtC Trust participation; co-ordinating team set up. *Contact:* Professor Maria Rita Dantas, Rua Alexandre Fleming 285 - Coès Calmon, CEP 456000 Itabuna, Bahia, Brazil.

BURKINA FASO
1. CtC NGO programme with voluntary and full-time staff undertakes training and materials production nationally and in the region. Has government support. *Contact:* Dr Adrien Nougtara, President, Association Burkinabé l'Enfant pour l'Enfant, BP 4076, Ouagadougou, Burkina Faso.

2. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programme by UNICEF, 01 BP 3420, Ouagadougou 01, Burkina Faso.

BURUNDI
CtC introduced as component of UNICEF AIDS/STD programme involving secondary pupils teaching primary pupils. Materials developed locally. *Contact:* Pierre Poupard, Officer-in-Charge, UNICEF, BP 1650, Bujumbura, Burundi.

CABO VERDE
Child development activity sheets/booklets in Portuguese, locally produced and illustrated in 1990. *Contact:* Caritas Caboverdeana, Caixa Postal 46, Praia, República de Cabo Verde.

CAMBODIA

1. World Vision in collaboration with the Ministry of Health is translating some activity sheets and readers into Khmer, and distributing them to primary schools and village health workers through the Rural Health and Development Programme. *Contact:* World Vision International Cambodia, c/o World Vision Foundation of Thailand, PO Box 1717, Bangkok 10501, Thailand.

2. Save the Children (UK) Cambodia have published 'Toys for Fun' in Khmer. *Contact:* Field Director, Save the Children (UK) Cambodia, c/o Overseas Information Officer, Save the Children Fund, Mary Datchelor House, 17 Grove Lane, London SE5 8RD, UK.

CAMEROON

EpE reports small local programmes and some training, mostly NGO inspired.

CANADA

1. Save the Children-Canada is incorporating CtC ideas into their national and international programmes. *Contact:* Sydney Woollcombe, Save the Children-Canada, 3080 Yonge Street, Suite 6020, Toronto, Ontario, Canada M4N 3P4.

2. NGO is adapting CtC methodology in a pilot school health project in Vancouver 1992-94. *Contact:* Dr May Haddad, 307-1675 Comox Street, Vancouver, BC, Canada V6G 1P4.

3. CtC workshops held in co-operation with various educational bodies in Ontario. *Contact:* Professor H J Moos, 2418 Sinclair Circle, Burlington, Ontario, Canada L7P 3C3.

CENTRAL AFRICAN REPUBLIC

UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programme by UNICEF, BP 907, Bangui, Central African Republic.

CHILE

1. CtC a component of school programmes, and Youth-to-Child programme also exists. *Contact:* Madre Maria de los Angeles Stromilli, Coordinadora Nacional, Programa Niño Ayuda al Niño, Ministerio de Educación Pública, Casilla 16286, Santiago de Chile, Chile.

2. School/pre-school programme in some schools. *Contact:* Felipe Risopatron, Project Officer, UNICEF, Casilla 196, Correo 10, Santiago de Chile, Chile.

CHINA

Child Development Center of China, Beijing, in association with UNICEF, are co-ordinating a pilot programme in three areas using CtC to promote selected messages from 'Facts for Life'. *Contact:* Programme Officer, UNICEF Office for China, 12 Sanlitun Lu, Beijing 100600, People's Republic of China.

CYPRUS

Arab Resource Collective in Nicosia has translated and published eight readers (available from them or from TALC, see page 64). They are translating activity sheets and other CtC resource material. Workshop on regional initiatives in early childhood education, including CtC, held May 1992. *Contact:* Ghanem Bibi, Arab Resource Collective Ltd, PO Box 7380, Nicosia, Cyprus.

ECUADOR

1. A team of education and health workers based on the university in Cuenca has translated all activity sheets and initiated an ambitious CtC programme including training, publication of materials, and radio programmes. Activity sheets have been widely distributed throughout Central America and form basis for Spanish edition of UNESCO publication, 'Children, Health and Science'. *Contact:* Dr Arturo Quizhpe P, Fundación Niño-a-Niño, Urbanización los Senderos, Calle Chile 1-87, Cuenca, Ecuador.

2. Local NGO trains people working with children in various institutions to use CtC aproaches in and beyond health. *Contact:* Claudia Bustos, Desarrollo y Autogestión (DYA), Rio Coca 950 y las Hiedras, Casilla 17-12-00884, Quito, Ecuador.

EGYPT

1. Incorporation of CtC materials in 'Prototype Action-oriented School Health Curriculum for Primary Schools' produced by regional offices UNICEF, UNESCO, WHO/EMRO and ISESCO. Trials in school-based summer clubs in Nile delta. *Contact:* Malak Zaalouk, Education Officer, UNICEF, 8 Adnan Omar Sidki Street, Dokki, Cairo, Egypt. (See page 34.)

2. Christian Association of Upper Egypt, affiliated to International Catholic Child Bureau, organises education and development programmes, including CtC health groups in its 38 schools. *Contact:* Safwat Sebeh, Project Officer, Foreign Financing and External Relations Sector, Christian Association of Upper Egypt for Schools and Social Promotion, 85, A, Ramsis Avenue, 11599 Cairo, Egypt.

3. Institute of Cultural Affairs promotes community development in six villages in Beni Suef governorate, including CtC activities in primary schools. *Contact:* Sayeda Mohammed Mohammed, Service Programme Co-ordinator, Institute of Cultural Affairs, 1079 Corniche el Nil, Garden City, Cairo, Egypt.

4. Resource centre of Arabic (including CtC) materials. *Contact:* Dr Alfred Yassa, Centre for Development Services, 4 Ahmed Pasha Street, City Bank Building (6th floor), Garden City, Cairo, Egypt.

ETHIOPIA

1. Some readers and most activity sheets in Amharic. (See page 65.)

2. CtC workshops held Addis Ababa, 1992 and 1993. Organisers have some CtC resources in English and Amharic. *Contact:* Tsegaye Chernet, Radda Barnen, Box 30621, Addis Ababa, Ethiopia or Tedla G\Mariam, Project Co-ordinator, Forum on Street Children - Ethiopia, Box 387, Addis Ababa, Ethiopia.

3. GOAL use CtC activities in their work with children living in institutions. *Contact:* GOAL Ireland, GOAL House, Box 6552, Addis Ababa, Ethiopia.

4. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Ethiopian Nutrition Institute, PO Box 5654, Addis Ababa, Ethiopia.

GAMBIA

1. A project based on and closely monitored by a clinic has distributed materials, including readers, to 20+ schools and organised health awareness competitions. Several schools have subsequently developed their own programmes and translated materials, e.g. into Mandinka. *Contact:* Hassan S K Joof, Principal Education Officer, Regional Education Office, Region Two, Brikama, Western Division, Gambia. (See page 35.)

2. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by SOS Children's Village Gambia Association, PMB 28, Banjul, Gambia.

GAZA - See WEST BANK AND GAZA.

GHANA

1. Ghana Education Service is introducing a new school health education programme incorporating CtC approaches, linked with both in- and pre-service teacher education. *Contact:* Felicia Adofo, School Health Education Programme, Ghana Education Service, PO Box M45, Accra, Ghana; and Dr David Harding, Project Officer, ODA Teacher Education Project, c/o the British Council, PO Box 771, Accra, Ghana.

2. CtC element in UNICEF/government of Ghana health education and life skills programmes. *Contact:* Dr Seema Agarwal, Project Officer, Education, UNICEF, PO Box 5051, Accra-North, Ghana.

3. Training for government and voluntary sector personnel incorporates participatory methods and materials. *Contact:* Health Education Unit, PO Box 1908, Kumasi, Ghana.

4. CtC readers distributed to 10 schools through UK NGO, Ghana School Aid, and their use monitored.

5. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Nutrition and Food Science Department, University of Ghana, PO Box 134, Legon, Ghana.

GUATEMALA

1. Independent NGO, PLANAN (Programa Latino-Americano Niño-a-Niño) produces publications and conducts training. Emphasises health education but also children's rights. *Contact:* J Israel Perez P, Coordinador Gral, PLANAN, Aptado Postal 24-E, Zona 21, Ciudad de Guatemala, Guatemala.

2. Enfants Refugiés du Monde (Paris-based NGO) uses CtC activities and materials in education programme. *Contact:* Enfants Refugiés du Monde, 2 Impasse de la Providence, 75020 Paris, France.

3. International Medical Services for Health (INMED) funds school-based programme for eradication of worms, using CtC approaches. *Contact:* Robert Moore, Vice President, INMED, 45449 Severn Way, Suite 161, Sterling, VA 22170, USA.

GUINEA

A national CtC committee supervises activities in primary schools. 20,000 school children have been reached so far and activities have been extended to 20 non-formal education centres. EpE (Paris and Burkina Faso) have been involved in consultancies. *Contact:* Dr Emmanuel Dem Diarra, Programme Administrator, Basic Education, UNICEF, BP 222, Conakry, Guinea.

HAITI

Some readers translated into Haitian Creole and used in school by community development project worker in south-east Haiti. *Contact:* Tracey Chantler, Marbial Team, c/o Lynx Air, PO Box 407139, Ft Lauderdale, Florida 33340, USA.

HONDURAS

Many small programmes initiated mainly by Peace Corps volunteers introduced to CtC during their training.

HONG KONG

SCF workers use CtC approach with the Vietnamese in detention centres and have translated activity sheets into Vietnamese. *Contact:* Mary Osborn, Save the Children, Room 1102, Tung Sun Comm Centre, 194-200 Lockhart Road, Wanchai, Hong Kong.

INDIA

National, based on New Delhi

1. Central Health Education Bureau, School Health Education Division developed Intensive School Health Education Project (ISHEP) in 1989. Project included CtC and Youth-to-Child components as a major feature. Although the project itself is no longer active, the Bureau itself remains committed to CtC. *Contact:* J S Manjul, Deputy Director, School Health Education, Central Health Education Bureau, Directorate General of Health Services, Kotla Road, Temple Lane, New Delhi 110 002, India.

2. Dr Sheila Vir, Project Officer, UNICEF Regional Office for South Central Asia; CtC Trust international consultant, has been involved in planning of ISHEP and national CtC conferences, and development of local materials. *Contact:* Dr Sheila Vir, Project Officer, UNICEF, 73 Lodi Estate, New Delhi 110 003, India.

3. UNICEF interested and committed to introducing CtC approach as part of their Education for All initiative. *Contact:* Tad Pallac, Chief, Education Section, UNICEF, 73 Lodi Estate, New Delhi 110 003, India.

4. Voluntary Health Association of India, linked with state Voluntary Health Associations, has produced a CtC resource book, readers and other publications in Hindi and English, sold throughout India. *Contact:* Meena Sehgal, Programme Assistant, Voluntary Health Association of India, Tong Swasthya Bhavan, 40 Institutional Area, Near Qutab Hotel, New Delhi 110 016, India.

5. National Council of Educational Research and Training involved at pre- and primary school levels. Co-operating with UNICEF in an Education for All project to include CtC elements. Teachers' manual produced. Professor Muralidharan, CtC Trust international consultant, has attended CtC seminars in Kenya and China. *Contact:* Dr (Mrs) Rajalakshmi Muralidharan, Professor and Head, Department of Pre-school and Elementary Education, NCERT, Sri Aurobindo Marg, New Delhi 110 016, India.

6. Headquarters of Aga Khan Foundation (India) which has invested widely in CtC programmes and funded national conferences, some with CtC Trust participation. *Contact:* Rajni Khanna, Programme Officer, Health & Education, Aga Khan Foundation (India), Sarojini House, 2nd Floor, 6 Bhagwan Dass Road, New Delhi 110 001, India.

New Delhi municipality

1. Municipal schools project. CtC approaches introduced in certain classes in selected schools. *Contact:* Dr (Mrs) Rajalakshmi Muralidharan, Professor and Head, Department of Pre-school and Elementary Education, NCERT, Sri Aurobindo Marg, New Delhi 110 016, India. (See page 38.)

2. Maskate Daant ('Smiling Teeth') project uses CtC approaches in municipal schools, focusing on oral health, nutrition and sanitation. *Contact:* Dr Vijay Mathur, Dental Officer, Municipal Corporation of Delhi School Health Service, Delhi 110 001, India. (See page 39.)

3. Datacare health programme works in six project areas with primary and middle schools helping children to spread health messages to peer group and parents at home. Many activities organised outside school time. *Contact:* Dr K Makhija, Director, Datacare, A-101 Kaveri Apt, Alaknanda, New Delhi 110 019, India.

OTHER STATES IN ALPHABETICAL ORDER (principal activities only listed)

Andhra Pradesh

1. NGO, Samajika Vikaso Kerdram, has translated, adapted and distributed activity sheets in Telugu. *Contact:* S Bhaskar Rao, Samajika Vikasa Kerdram, Saravakota 532 426, AP, India.

2. Programme linked to SV Medical College, Tirupati, works in 30 villages. Over recent years has concentrated on CtC in prevention of eye diseases. *Contact:* Professor Dr G Rani, Paediatrician, SVRR Hospital, Tirupati 517 507, AP, India.

3. CtC activities initiated in Hyderabad in 1992 as part of Andhra Pradesh School Health Project, following visit by officials to Malvani project, Bombay. *Contact:* Dr Narayana, State Co-ordinator, Andhra Pradesh School Health Project, Hotel Sarovar Complex, Secretariat Road, Siafabad, Hyderabad 500 004, India.

Bihar

1. Project in 25 schools includes teacher training and materials production. *Contact:* Fr Remy Menzes, St Paul's Church, Garhwa, PO Palamau, Bihar 822 114, India.

Gujarat

1. Centre for Health Education, Training and Nutrition Awareness (CHETNA) in Ahmedabad acts as a major resource unit for CtC through its Child Resource Centre. Produces materials, holds training workshops and helps implement projects with village schools and their communities, and with day care centres ('balwadis'), in both Gujarat and Rajasthan. CHETNA staff have acted as CtC Trust consultants within India and in Kenya. *Contact.* Minaxi Shukla, Programme Officer, Child Resource Centre, CHETNA, Lilavatiben Lalbhai's Bunglow, Civil - Camp Road, Shahibaug, Ahmedabad 380 004, Gujarat, India. (See page 40.)

2. Baroda MS University involved with CtC through Home Science Faculty, Department of Child Development. Has produced material and undertaken activity in urban areas. Evaluated CHETNA activities. *Contact:* Indira Mallya, Department of Child Development, MS University of Baroda, Faculty of Home Science, Baroda 390 002, India.

3. LOCOST, an NGO promoting rational use of drugs, works with school children in Baroda city. Programmes concentrate on children communicating messages and practices to their parents. *Contact:* Vijay Prakash, LOCOST, GPO Box 134, Vadodara 390 001, Gujarat, India.

Karnataka

NGO, Deena Seva Sangha, incorporates CtC in school health programme in low-income area. *Contact:* Dr Veda Zachariah, Director, School Health Programme, Deena Seva Sangha, Seva Ashram, 5th Main Road, Srirampuram, Bangalore 560 021, India.

Kerala
Institute of Management in Government, Trivandrum held workshop 1991, supported by CtC Trust, to promote CtC activities within the state. *Contact:* Oomen Philip, Health Management Programmes, Institute of Management in Government, Vikas Bhavan PO, Trivandrum 695 033, India.

Madhya Pradesh
Community health centre organises training and promotes CtC activities both in school and for village children. *Contact:* Christian Community Health Centre, Chhapara, Seoni 480 884, India.

Maharashtra
1. Malvani project linked with Seth Medical College. Children from schools, activated by hospital, work to eliminate identified health problems in slums. Education department has become closely involved. *Contact:* Dr Vijaya R Bhalerao, Professor & Head, Department of Preventive and Social Medicine, Seth GS Medical College & KEM Hospital, Parel, Bombay 400 012, India. (See page 36.)

2. Mobile Creches (NGO) uses CtC methods and activities with children of mobile construction workers. Materials produced. *Contact:* Rukmini Mahadevan, Jt Secretary, Mobile Creches, Oxford House, 2nd Floor, Apollo Bunder, Bombay 400 039, India. (See page 37.)

3. Bombay Productivity Council (NGO) has CtC programme, including frequent training courses using UK materials. *Contact:* Professor H J Moos, Director, BPC/CHILD-to-Child Programme, Curzon House, 3rd Floor, 2 Henry Road, Apollo Bunder, Bombay 400 039.

4. Bharatiya Agro-Industries Foundation trains health workers along with their children who also spread health messages. Have adapted CtC activity sheets. *Contact:* Sujata Kaushu, Bharatiya Agro-Industries Foundation, Kamdheru, Serepati, Bapat Marg, Pune 411 016, India.

5. Institute of Rural Paediatrics organises child care clubs based on CtC approach in Baramati and other towns and villages in Maharashtra. Materials produced in Marathi. *Contact:* Dr Anil Mokashi, RMG Hospital, Baramati District, Pune 413 102, India.

Orissa
1. United Artists' Association organises health guide programme, primarily for scheduled castes, with activities in schools and communities in 10 local areas. *Contact:* Sarat Das, Programme Co-ordinator, United Artists' Association, Post Dis. Ganjam, Orissa 761 026, India. (See page 42.)

2. Council for Tribal and Rural Development use CtC methods with schoolchildren and have translated materials into Oriya. *Contact:* Professor R N Pati, Executive Director, Council for Tribal and Rural Development, Prasad Rao Petta, 4th Lane, Last Building, Jeypore, Koraput, Orissa.

Rajasthan
Programmes in schools organised by partners of CHETNA (see Gujarat).

Tamil Nadu
1. Tamil Nadu Integrated Nutrition Project operates under state Ministry of Social Welfare in 18 rural districts; World Bank-assisted. Children's working groups organised to spread health messages. Materials produced. *Contact:* Annie Valsarajan, Deputy Director for Communications, TINP Communications & Training Centre, Tharamani, Madras, India.

2. Programme in Madras municipal corporation schools in low-income areas run by Educational Multi-Media Association (EMMA). Materials produced including audio-cassettes, puppets, and comic-style wall charts in Tamil. Training organised. *Contact:* Fr Emmanuel Mariampillai, EMMA, 12 Murrays Gate Road, Alwarpet, Madras 600 018, India. (See page 41.)

3. Tamil Nadu Voluntary Health Association, working through rural voluntary organisations, promotes CtC activities in 80 schools in four rural districts. Older and younger children paired for health monitoring. *Contact:* J P Saulina Arnold, Executive Secretary, Tamil Nadu Voluntary Health Association, 31 Mandapam Road, Kilpauk Garden, Madras 600 010, India.

4. Malayaha Makkal Maruvazhvu Manran (Mountain People's Rebirth Centre) works mainly with Sri Lankan repatriates in around 50 settlements on tea plantations. Children's and youth cultural groups organise activities including music and drama on themes of health, environment and children's rights. *Contact:* P Sebastian, Health Secretary, Malayaha Makkal Maruvazhvu Manran, 14-56 Club Road, Kothagiri 643 217, Tamil Nadu, India.

5. Christian Fellowship Hospital promotes health education in 110 schools. A syllabus produced incorporating material from CtC activity sheets. *Contact:* Dr R Ramasamy, Christian Fellowship Hospital, Oddanchatram 624 619, Tamil Nadu, India.

6. Emmaus Community Welfare Fund use CtC approach and adapt materials in health communication clubs for school children. *Contact:* H M Saleem, Chief Executive, Emmaus Community Welfare Fund, AL189/4 , II Floor, 1st Street, 12th Main Road, Annanagar, Madras 600 040, India.

7. Deepam Educational Society for Health work on anti-AIDS activities in Madras schools, including anti-AIDS clubs, aiming to raise awareness and develop decision-making skills. *Contact:* Dr Saraswathi Sankaran, Executive Director, Deepam Educational Society for Health, 42 Srinivasapuram, Thiruvanmiyur, Madras 600 041, India.

Uttar Pradesh

1. Toy-making workshops based on 'Toys for Fun' held in schools in Meerut city in 1991. *Contact:* Brij Kul Deepak, 183 Munshi Bhawan Swami Para, Meerut City, 250 002 UP, India.

2. Training and evaluation of non-literate 'young healers' in rural areas to help them to care for their younger brothers and sisters, focusing on fever, diarrhoea, domestic accidents and food hygiene. *Contact:* S C Mohapatra and colleagues, Department of Preventive and Social Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221 005, India.

INDONESIA

1. 'Dokter kecil' ('little doctor') programme in Jakarta has developed parallel to CtC and shares material with it but, since it is based on identification of certain children as health leaders in schools, operates on a rather different philosophy.

2. Office of Research and Development (curriculum development centre) in Jakarta has held two seminars with CtC Trust participation, and is sympathetic to introduction of the approach in the curriculum.

3. Professor Moeljono Trastotenojo, Rector and former Dean of Medicine, Diponegoro University, Semarang; CtC Trust international consultant, has introduced CtC in medical training. Has produced CtC book in Indonesian. *Contact:* Professor Dr Moeljono Trastotenojo, Rector, Diponegoro University, Jl Imam Barjo, SH No 1, Kotakpos 270, Semarang, Indonesia.

4. Three readers translated and published by Baptist organisation. *Contact:* Lembaga Literatur Baptis, Jl Tamansari 16, Bandung 40116, Indonesia.

5. Other projects reported in Central Java, Sumatra and Eastern Islands, e.g. CARE International, NTB. Some have translated materials.

IVORY COAST

Some small initiatives reported by EpE.

KENYA

1. Michael Kinunda, former UNICEF Advisor for the UNESCO/UNICEF Regional Cooperative Programme in Basic Education for Eastern and Southern Africa; CtC Trust international consultant, spreads ideas and gives advice in countries in the region. *Contact:* Michael Kinunda, UNESCO-ROSTA, PO Box 30592, Nairobi, Kenya.

2. UNESCO/UNICEF Regional Cooperative Programme has knowledge of and interest in regional promotion of CtC ideas. *Contact:* Gloria Gordon, UNICEF Advisor, UNESCO/UNICEF Regional Cooperative Programme in Basic Education for Eastern and Southern Africa, PO Box 44145, Nairobi, Kenya.

3. School health action plan project, based on Kenyatta University and Kenya Institute of Education, with British Council and Commonwealth Secretariat support. CtC Trust participation in training. Trial material produced and programme implemented and monitored in four schools. *Contact:* Jack Menya, Deputy Director, Kenya Institute of Education, PO Box 30231, Nairobi, Kenya. (See page 44.)

4. School health clubs project, sponsored by African Medical and Research Foundation (AMREF), has developed a wide network of clubs in Nakuru and West Pokot. CtC activities introduced outside the formal curriculum. *Contact:* Juma Magara, Health Education Network, AMREF, Wilson Airport, PO Box 30125, Nairobi, Kenya. (See page 43.)

5. AMREF also co-ordinates health education including CtC activities through health education network. *Contact:* Rachel Health Education Network, AMREF, Wilson Airport, Box 30125, Nairobi, Kenya.

(Contact AMREF Publications Department, at above address, for CHILD-to-Child (1979) in Swahili.)

6. Aga Khan Foundation school health project , Kisumu, incorporates CtC materials and ideas. *Contact:* Janet Musiga, Project Officer, School Health and AIDS Project, Aga Khan PHC Unit, PO Box 530, Kisumu, Kenya.

7. Siaya Health Education Water and Sanitation Project. CARE Kenya, working with health officers and teachers, organises out-of-school clubs based in 22 schools. *Contact:* Okumu B E N Nakitari, Project Manager, SHEWAS, CARE International in Kenya, PO Box 606, Siaya, Kenya. (See page 46.)

8. Pilot CtC immunisation promotion project implemented in 1990 in primary schools in Siaya district and subsequently replicated in six other districts. Jointly organised by Kenya Expanded Programme on Immunisation (KEPI) in collaboration with UNICEF and Resources for Child Health (REACH). *Contact:* Grace Kagondu, KEPI Management Unit, REACH/Nairobi, PO Box 19528, Nairobi, Kenya. (See page 45.)

9. Trans World Radio use CtC materials for radio scripts. *Contact:* Ndegi Bernice Gatere, Information and Research Co-ordinator, Africa Challenge, Box 21514, Nairobi, Kenya.

10. Organisation of African Independent Churches/Rural Development Extension Programme use CtC materials in the training of pre-school teachers. *Contact:* Dr Roger W Sharland, Director, OAIC/RDEP, Box 21736, Nairobi, Kenya.

11. PLAN International use CtC materials in school health programmes in their 41 primary schools. *Contact:* PLAN International, Kiambu Field Office, PO Box 61955, Nairobi, Kenya.

12. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by the following: African Network for the Prevention and Protection Against Child Abuse and Neglect, PO Box 71420, Nairobi, Kenya; Disabled People International - Kenya, PO Box 67641, Nairobi, Kenya; Population and Health Services, PO Box 59328, Nairobi, Kenya.

LEBANON

1. CtC activities reported in Palestinian refugee camps and surrounding areas in Beirut.

2. Televised CtC 'health spots' due to begin 1993.

LESOTHO

1. Following a general workshop, CtC resource book translated into Sesotho (funded by UNICEF) and distributed to all schools. Used as reading material for Sesotho language.

2. From 1990 a series of workshops organised to introduce ideas and methodology to teachers, teacher educators and health workers. CtC Trust participation. Following March 1993 workshops, small projects planned in schools and pre-schools. *Contact:* Dr E M Sebatane, Chairman, LERA, Institute of Education, National University of Lesotho, PO Roma 180, Lesotho.

LIBERIA
Small projects reported, including use of CtC activity sheets in Save the Children shelters for street children in Monrovia. *Contact:* Field Director, Save the Children Fund, Monrovia, Liberia.

MADAGASCAR
UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Sampan'asa Loterana Momba Ny Fahasalamana (Health Department of the Malagasy Lutheran Church), BP 880, Antananarivo 101, Madagascar.

MALAWI
1. CtC readers ordered by UNICEF, with UNICEF UK support, and widely distributed to schools.

2. Primary schools in Blantyre district use CtC activities especially in sanitation, accident prevention and AIDS awareness. *Contact:* M T Nyamathanga, District Health Office, P/Bag 66, Blantyre, Malawi.

3. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Ministry of Women and Children Affairs and Community Services, Private Bag 330, Lilongwe 3, Malawi.

MALAYSIA
1. Programme in Sarawak organised by Director of Medical Services involving all school children in Lundu district. CtC activity sheets adapted into Malaysian. *Contact:* Dr Stalin Hardin, Medical Headquarters, Jalan Tun Abang Haji Openg, 93590 Kuching, Sarawak, Malaysia.

2. Department of Community Medicine involved in incorporating CtC ideas in rural schools. *Contact:* Dr Elizabeth Hillman, Department of Community Medicine, Universiti Sains Malaysia, Kubang Kerian, 16150 Kotabharu, Kelantan, Malaysia.

MALI
1. Ministry of Education/UNICEF use CtC activities in national health education programme, supported and advised by team from University of Liège who have worked in conjunction with EpE. *Contact:* Michel Andrien, CERES, Université de Liège au Sart Tilman, Bâtiment B 32, 4000 Liège, Belgium.

2. CARE-Mali uses CtC approach in USAID-supported child survival project. Emphasis on hygiene and sanitation, diarrhoea and immunisation. *Contact:* Denise D Gordon, Project Manager, CARE-Mali, BP 1766, Bamako, Mali. (See page 47.)

MEXICO
1. Hesperian Foundation, Palo Alto, California, directed by David Werner, CtC Trust international consultant. Works in Baja California province with Project Projimo for disabled children. Uses many CtC materials and activities (also incorporated in Werner's, 'Disabled Village Children'). *Contact:* David Werner, Director, The Hesperian Foundation, PO Box 1692, Palo Alto, California 94302, USA.

2. Project Piaxtla in Ajoya, supported by Hesperian Foundation, develops self-help activities for health in rural communities. This includes CtC activities in local schools and the formation of a children's CtC committee in Ajoya.

3. CtC programme in Oaxaca and surrounding rural areas introduces CtC activities through health promoters. *Contact:* Rosita Molina, Apartado 496, 68000 Oaxaca, Oaxaca, Mexico. (See page 48.)

MOZAMBIQUE
1. Ministry of Health has announced CtC as part of its child survival initiative.

2. SCF use CtC in integrated agriculture project in rural areas of Gaza province.

3. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Direçao de Açao Social Escolar, Ministério da Educação, 24 de Julho Av, No 167 17° andar, Maputo, Mozambique.

MYANMAR
Health syllabus in the primary school curriculum is based on 'Facts for Life' and incorporates CtC approaches. Readers being translated. *Contact:* BrianPe Tin Thein, Assistant Information Officer, UNICEF, 132 University Avenue, Yangon, Myanmar.

NAMIBIA
1. Professor Barnabas Otaala, Faculty of Education, University of Namibia; CtC International Consultant. Has acted as consultant widely in Zimbabwe, Lesotho, Botswana, Zambia, Kenya, China and South Africa. *Contact:* Professor Barnabas Otaala, Professor of Psychology, Faculty of Education, Private Bag 13301, Windhoek 9000, Namibia.

2. Workshop to launch national CtC programme took place in 1990 with CtC Trust participation. Official support from Ministry of Health and subsequent interest expressed from Minister of Education.

NEPAL
1. Weekly radio programme ('Hatemalo') by children for children. CtC incorporated in community-based rehabilitation programmes. *Contact:* Nupur Bhattacharya, Chief, Child Development Section, Redd Barna - Nepal, PO Box 3394, Kathmandu, Nepal.

2. Project to evaluate 'Toys for Fun' including toy-making workshops. *Contact:* Bishnu Devi Manandhar, UNICEF-Nepal, Information and Communication Section, PO Box 1187, Kathmandu, Nepal. (See page 49.)

3. CtC materials used in primary health care training workshops. *Contact:* Karna Bahadur Maharjan, Regional Information Assistant, Save the Children Fund (UK), South Asia Regional Office, PO Box 992, Kathmandu, Nepal.

4. Health learning materials development project at Tribhuvan University has translated five readers. Copies distributed to schools by NG0s. *Contact:* Dr Hemang Dixit, Director, HLM Centre for Health Learning Materials, TU Institute of Medicine, PO Box 2533, Kathmandu, Nepal.

NICARAGUA
CtC activities and materials introduced by CISAS (Centro de Informacion y Servicios de Asesoria en Salud) as part of the Campaign for the Defence of the Lives of Children organised by previous government. With change of government, initiative has passed to voluntary agencies, in particular Redd Barna (Norwegian SCF). Workshop to share experience held 1991. Widespread distribution of Spanish activity sheets underway. *Contact:* Maria Hamlin Zuniga, Director, CISAS, Apdo Postal 3267, Managua, Nicaragua.

NIGER
Workshops held 1988 and 1991 by Ministry of National Education in association with UNICEF and UNDP, and attended by EpE. Materials developed.

NIGERIA
1. CtC activities within primary schools and community health education programmes initiated by Canadian agency CUS0 and now co-ordinated by state Ministries of Health and Education in Cross River and Akwaibom States. *Contacts:* Child-to-Child Co-ordinating Unit CRS, c/o Boniface Ikpi (Education) and Glory Archibong (Health), Room 205, Ministry of Education HQ CRS, Calabar, Cross River State, Nigeria; Ben Arikpo, PHC Project Manager, CUSO Nigeria, Box 1832, Calabar, Cross River State, Nigeria; Child-to-Child Co-ordinating Unit Ugep LGA, c/o Valantine Ntukpek (Education) and Ujong Okoi Edet (Health), Ugep LGA, Akwaibom, Nigeria.

2. CtC introduced into schools of health technology as an approach to their health education training. *Contact:* Mrs D Y Kuteyi, Co-ordinator of Training and Manpower Development for Primary Health Care, Federal Ministry of Health, Federal Secretariat, Ikoyi, Lagos, Nigeria.

3. College of Health, University of Lagos uses CtC in the training of nurses and paramedical workers.

4. NGO prints and adapts CtC activity sheets. *Contact:* Programme Director, Child Development Centre Foundation, 74 Ogui Road, PMB 01334, Enugu, Nigeria.

5. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by the following: Early Child Care Development and Education Department, Nigerian Educational Research and Development Council, PO Box 8058, Lagos, Nigeria; Institute of Child Health and Primary Care, Lagos University Teaching Hospital, PMB 12003, Lagos, Nigeria; Mushin Community Day Care Project, PO Box 7610, Shomolu Post Office, Lagos, Nigeria; Okpasia Community Health Centre, 1 Usama Street, off Siluko Road, Benin City, Nigeria.

PAKISTAN

1. International Rescue Committee and Radda Barnen have programmes for Afghan refugees in Peshawar (see Afghanistan). (See page 50.)

2. Hamdard Foundation has launched a major publications programme to translate and adapt CtC readers in Urdu. Three readers currently available from them. *Contact:* Rafi Uzzaman Zuberi, Director, Hamdard Foundation, Pakistan, Hamdard Centre, Nazimabad, Karachi 18, Pakistan.

3. Aga Khan Health Service project in Chitral trains teachers in CtC approaches in and beyond health. *Contact:* Louise Zimanyi, c/o Aga Khan Health Service, Balach, Near Airport, Chitral 17200, NWFP, Pakistan.

PAPUA NEW GUINEA

1. Health education curriculum worker has adapted some readers for use in schools and recommends incorporation of CtC approaches in curriculum. *Contact:* Pauline Doonar, Curriculum Unit, Ministry of Education, PSA Haus, Private Mail Bag, PO Boroko, NCD, Papua New Guinea.

2. Eleven CtC programmes in Salvation Army Centres in the Southern Division. Regular workshops held to train trainers. *Contact:* Botani Dixson, Child-to-Child Supervisor, The Salvation Army Health Services, Central Province Health Services, Box 6413, Boroko, NCD, Papua New Guinea. (See page 51.)

PERU

TAMBO-PERU, a small association of expatriate volunteers, holds annual CtC workshops in rural areas south of Lima. Sponsored by PROSIP, a Peruvian charity. *Contact:* TAMBO-PERU, Dawliffe Hall, 1 Chelsea Embankment, London SW3 4LG, UK.

PHILIPPINES

1. Davao Medical Schools Foundation Institute of Primary Health Care organises CtC training for volunteer trainers, and summer classes for children. Materials produced, including picture and colouring books. *Contact:* Luz Canave-Anung, Davao Medical School Foundation, Institute of Primary Health Care, Circumferencial Road, Bajada, PO Box 251, Davao City, Philippines.

2. LINGAP, Manila, a rehabilitation centre for street/abused children, uses CtC materials. *Contact:* Roselle Rivera, LINGAP Centre, Welfareville Compound, Mandaluyong, Metromanila, Philippines.

3. Servants Inc, programme for children in low-income areas, has introduced health clubs and produced materials in Tagalog, including readers and a teachers' manual. *Contact:* Rachel Hauser, Servants Inc, Box AC-569, 1109 Quezon City, Philippines.

4. Tahanang Walang Rehas Foundation organises regular workshops for children who take care of younger brothers and sisters while parents are working. *Contact:* Tahanang Walang Rehas Foundation, 14 Bukaneg Street, Baguio City, Philippines 2600.

ROMANIA

NGO, Health Messengers, has health action groups with children aged 8-15. They are concerned with issues such as hygiene, sexual health, drugs, care of older people, helping street children, and the environment. Children run a press group, making radio broadcasts and writing articles for newspapers. *Contact:* Eugenia Grosu Popescu, President, Health Messengers, c/o Radio Difuziunea Romana, Str. Gral Berthelot 62-7, Bucharest, Romania. (See page 52.)

RWANDA

Awareness workshop held July 1992 with participation of EpE and Aide et Action.

SENEGAL

1. Regional headquarters for UNESCO, BREDA, has been involved in organising and monitoring CtC projects, e.g. Lomé (Togo) seminar, resulting in publication of UNESCO-UNICEF Co-operative Programme Digest 29, 'Child-to-Child in Africa: Towards an Open Learning Strategy'.

Also has responsibility for teacher education programme in Sierra Leone, 'Consolidation of the Primary Education Reform for Country-wide Implementation Project SIL/87/005', which has a CtC component (see below).

2. EpE reports projects with scouts, and in schools and literacy classes.

SIERRA LEONE

1. CtC accepted by Institute of Education/UNESCO/UNDP as a recommended approach to health education within Project SIL/87/005 mentioned above. The new physical/health education curriculum and materials incorporate CtC activities.

2. National seminars have been held, resulting in identified programmes in each of the five teachers' colleges. Some have identified pilot schools. *Contact:* Martin Bangura, Makeni Teachers' College, Box 32, Makeni, Sierra Leone. (See page 53.)

3. UNICEF uses CtC approach to spread 'Facts for Life' messages, including competitions and drama. *Contact:* M B Jalloh, UNICEF, c/o UNDP, PO Box 1011, Freetown, Sierra Leone.

4. Community theatre groups use Child-to-Community approach to spread health and development messages. *Contact:* David Malamah-Thomas, COMTHEAD, 8 Hill Street, Freetown, Sierra Leone.

5. Boys' Society of Sierra Leone, street children's organisation, have been supplied with readers and activity sheets, through CARITAS, West Germany grant, and are using these in library projects and remedial groups and plan use in a forthcoming education project.

6. German CARITAS/Catholic Education Office support pre-school curriculum development project incorporating CtC. *Contact:* Mrs P Kamara, Co-ordinator, Pre-school Project, Catholic Education Office, PO Box 588, Freetown, Sierra Leone. (See page 54.)

7. Wesleyan Mission promotes CtC activities in four village primary schools. *Contact:* John P Quee, Public Health Supervisor, c/o Liz Anderson, Medical Co-ordinator, Wesleyan Mission of Sierra Leone, Box 305, Freetown, Sierra Leone.

8. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Ministry of Health and Social Services, Youyi Building, Brookfields, Freetown, Sierra Leone.

SOUTH AFRICA

1. Child Health Unit, in collaboration with Faculty of Education (both University of Cape Town), organised a major seminar in early 1993 to launch and discuss CtC approach. A number of government departments and NGOs participated. Network covering Western Cape formed and co-ordinated by Children's Centre. *Contact:* Dr Marian Jacobs, Children's Centre, Institute of Child Health, 46 Sawkins Road, Rondebosch 7700, South Africa.

2. NGO, Children's Resource Centre, co-ordinates children's groups to take community action and promote children's rights. *Contact:* Kelvin Vollenhoven, Children's Resource Centre, Community House, 41 Salt River Road, Salt River 7925, South Africa.

3. Southern Natal Children's Rights Committee (forum for more than 60 organisations in Southern Natal) promotes children's activities, distributes CtC materials and encourages their adaptation. *Contact:* Noreen Ramsden, Southern Natal Children's Rights Committee, c/o 33 Waller Crescent, Rose Glen, Durban 4091, South Africa.

4. Division of Community Paediatrics, Witswatersrand University promotes CtC materials and activities in training at various levels. *Contact:* Professor Lucy Wagstaff, Division of Community Paediatrics, Baragwanath Hospital, PO Bertsham, Johannesburg 2013, South Africa.

5. Department of National Health, Pretoria has organised training of trainers for health education personnel throughout South Africa to explain, promote and adapt CtC materials and ideas. *Contact:* Dr Natalie Stockton, Director Health Promotion, Department of National Health, Private Bag X828, Pretoria 0001, South Africa.

6. Primary Education Upgrading Programme co-ordinated by the University of Bophuthatswana seeks to improve quality of primary education through self-helf. CtC materials and activities incorporated. *Contact:* Professor Bill Holderness, University of Bophuthatswana, PEUP Centre, PO Box 3200, Mafikeng, 8670 Bophuthatswana, South Africa.

7. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by the following: Border Early Learning Centre, 50 Albany Street, East London 5201, South Africa; Centre for Social Development, Rhodes University, PO Box 94, Grahamstown 6140, South Africa; Planned Parenthood Association of South Africa, York House, 3rd Floor, 46 Kerk Street, Johannesburg 2001, South Africa; Woz' Obona - Early Childhood Community Service Group, PO Box 248, Judith's Paarl 2045, South Africa.

SUDAN

1. GOAL, Irish NGO, organises school-based CtC programme in North Darfur. *Contact:* Jamal Mohamed Bukar, GOAL Organisation, c/o PO Box 48, Khartoum, Sudan.

2. Arabic CtC material distributed through SUDANAID. *Contact:* SUDANAID, PO Box 49, Khartoum, Sudan.

3. Action-oriented school health curriculum incorporating CtC used in water and sanitation project in Kordofan. *Contact:* Anis Salem, Chief, IEC, UNICEF, PO Box 1358, Khartoum, Sudan.

SYRIA

UNICEF Damascus have produced booklets of health messages based on 'Facts for Life', with ideas for games and discussion topics for use in elementary, preparatory and secondary schools. *Contact:* Dr Chafik Sallah, Assistant Representative, UNICEF, PO Box 9413, Damascus, Syrian Arab Republic.

TAIWAN

World Vision has published Chinese readers and activity sheets. *Contact:* Debbie Hsieh, Specialist, Public Health Education Project, World Vision of Taiwan, PO Box 7-826, Taipei, Taiwan.

TANZANIA

Mainland Tanzania

1. UNICEF/Ministry of Education In-service Education Division have incorporated CtC activities as part of child survival and development programme. Numerous teachers' workshops held and some activity sheets translated into Swahili. Initial CtC Trust participation in training. *Contact:* A R M S Rajabu, MTUU Technical Unit, Ministry of Education, PO Box 9121, Dar-es-Salaam, Tanzania.

2. 32,000 x six titles of readers distributed to secondary schools nationwide as part of World Bank project.

3. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Ministry of Health, PO Box 9083, Dar-es-Salaam, Tanzania.

Zanzibar

Major project, organised by Ministry of Education/Curriculum Centre and funded by Aga Khan Foundation, introduces activities in schools, trains teachers and has translated and disseminated CtC activity sheets in Swahili. Initial CtC Trust participation in training. *Contact:* Rijaal Ali Rijaal, Department of Educational Research and Curriculum Development, Ministry of Education, PO Box 3070, Zanzibar, Tanzania.

THAILAND

1. Ministry of Education has translated materials into Thai and distributed them to rural schools and teachers involved in training programmes. *Contact:* Decho Boonyapak, ONPEC, Ministry of Education, Rajdamnern Road, Bangkok 10300, Thailand.

2. CtC incorporated as part of health education in teacher training. *Contact:* Yvette Mahon, Health Co-ordinator, WEAVE, PO Box 58, Chiang Mai University, Chiang Mai, Thailand.

3. Peace Corps volunteer uses CtC materials and ideas with teachers and health workers in primary schools. *Contact:* Kirk Greenway, PO Box 11, A Nongbuadeng, Chaiyaphum 36210, Thailand.

TOGO

1. UNICEF accepts CtC approach as part of its policy for health education and uses materials as a resource. Several UNICEF-assisted programmes involve children as partners and communicators, e.g. immunisation programme, school health centres, school food production schemes. *Contact:* Ismail Ould Cheick Ahmed, Officer-in-Charge, UNICEF, c/o UNDP, PO Box 911, Lomé, Togo.

2. International seminar 1989 held by Unesco/UNICEF Cooperative Programme to share CtC approaches in Africa. Digest 29 subsequently published (see Senegal).

3. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by Institut Medico-Psycho-Pedagogique 'L'Envol', Association pour la Promotion de l'Enfance Handicapée Mentale, BP 20.123, Lomé, Togo.

TURKEY

CtC a component of the basic education programme of the 1991-95 Government of Turkey/UNICEF Programme of Co-operation and the approach is now being developed in many schools. Initial training workshop focusing on activities for children of agricultural migrant workers held in Ankara, May 1992. Follow-up training regularly organised. Some activity sheets translated into Turkish and new material produced. *Contact:* Nurper Ülküer, Education Officer, UNICEF, UNICEF House, Iran Cad No 35 06700, GOP, Ankara, Turkey. (See page 56.)

UGANDA

1. Senteza Kajubi, Vice-Chancellor of Makerere University, Chairman of CtC Uganda; CtC Trust international consultant and supports CtC at national and regional level. *Contact:* Professor W Senteza Kajubi, Vice-Chancellor, Makerere University, PO Box 7062, Kampala, Uganda.

2. Child-to-Child Unit Uganda well-established as a co-ordinating unit for:

- CtC Association of schools and teachers, a teacher-led movement in 80 schools.
- CtC activities incorporated into national health and science curriculum and materials (UNICEF-assisted).
- Teacher education project involving several colleges and associated schools in an ongoing programme, including training seminars and monitoring activities. (See pages 57-58.)
- CtC activities in other NGO programmes, e.g. AMREF, Redd Barna.

Contact: Violet Mugisa, Child-to-Child Co-ordinator, ITEK, PO Box 1, Kyambogo, Kampala, Uganda.

3. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by: Child Health and Development Centre, Makerere University, PO Box 6717, Kampala, Uganda; Department of Paediatrics and Child Health, Makerere University Medical School, PO Box 7072, Kampala, Uganda; Invalids' Salvation Stream, PO Box 1246, Mbarara, Uganda; Uganda Society for Physically Handicapped, Muguluka Unit, PO Box 1156, Jinja, Uganda.

UNITED KINGDOM

1. Activities initiated in 1991 by local health education authority in north-west England involving primary school children and their families; including campaigns for the prevention of heart disease, against smoking and for environmental health. *Contact:* Sue Occleston, 7 Cleavley Street, Winton, Eccles, Manchester M30 8BR, UK. (See page 59.)

2. A report exploring CtC in the UK is distributed as part of a CtC resource pack. *Contact:* Richard de Groot, Director, Community Health UK, 57 Chalton Street, London NW1 1HU.

VIETNAM

Pilot CtC action research project set up in Hanoi and Ho Chi Minh city areas. National steering committee established. CHILD-to-child (1979), activity sheets and 'Approaches to Learning and Teaching' translated into Vietnamese. *Contact:* Dr Nguyen Dang Thu, Director, Science and Training Department, Ministry of Health, Hanoi, Vietnam.

WEST BANK AND GAZA

1. CtC activities organised in two West Bank schools. *Contact:* Teresa Hanley, Projects Officer, Medical Aid for Palestinians, 33A Islington Park Street, London N1 1QB, UK.

2. Other small projects reported in schools, with out-of-school youth, and with disabled children.

YEMEN

1. UNICEF supports training and supply of Arabic materials in cooperation with Ministries of Education, Health and Information. *Contact:* Belqis Al-Dhabbi, Education Project Officer, UNICEF, PO Box 725, Sana'a, Yemen; and Dr Abdullah N Al-Jarrash, Faculty of Education, Sana'a University, PO Box 13395, Sana'a, Yemen.

2. Four schools in Taiz City, totalling nearly 10,000 children, involved in pilot 'Pupil to Family' project starting December 1992. *Contact:* Abdullah Badr Mohammed, Health Education Co-ordinator, Yemeni-Swedish Clinic, PO Box 5461, Taiz, Yemen.

3. Arabic materials used by International Co-operation for Development in training courses in different governorates. *Contact:* Yusuf Mohammed Abdillahi, Health Co-ordinator, International Co-operation for Development, PO Box 1045, Sana'a, Yemen.

ZAIRE

1. Hospital-based programme run by presbyterian mission in Kananga, involving 12,000 children in 44 villages. Ongoing June 1988. *Contact:* Rev Shamba Bitangomo, Hopital Bulape, BP 117, Kananga, Zaire.

2. School and health education programme in Kapolowe co-ordinated by missionary doctor. Seminars and school action projects in primary schools (10,000 pupils). Carefully supervised and evaluated. *Contact:* Dr Philippe Marze, Hopital Kapolowe, Kapolowe Mission, BP 971, Likasi, Shaba, Zaire.

3. School-based programme in Gécamines involves 100,000 pupils. *Contact:* Professor O Wembonyama and Mr B Mbuy, BP 450, Lubumbashi, Zaire. (See page 60.)

4. UNESCO Directory of Early Childhood Care and Education Organisations in Sub-Saharan Africa (1992) lists CtC programmes by the following: Association Zairoise pour le Bien-Etre Familial/Naissances Desirables, BP 15313, Kinshasa 1, Zaire; Bureau d'Etude et de Recherche pour la Promotion de la Santé, BP 1800, Kangu-Mayombe, Zaire.

ZAMBIA

1. National programme with UNICEF support. CtC accepted as a recommended approach to health education in all schools following presidential leadership. A national network of CtC committees* set up from 1986 and co-ordinated by a CtC steering committee based on Ministry of Education but with representatives from Ministry of Health. National seminars 1986 and 1988, with participation CtC Trust. Curriculum development centre involved with modifying programmes and materials to incorporate CtC approaches to health. *Contact:* Mary Njamba, Director, Child-to-Child Zambia, Ministry of Education, PO Box 50093, Lusaka, Zambia.

2. *Some committees particularly active, e.g. in Copperbelt region. *Contact:* Sister Eileen McLoughlin, PO Box 10889, Chingola, Zambia.

3. CtC a major UNICEF strategy for spreading Child Survival and Development, with its own budget. Since 1990, efforts have been far more focused on certain areas and schools, and upon teacher education. CtC seen

as spearheading UNICEF's Education for All strategy. *Contact:* Laila Ismail Khan, UNICEF, PO Box 33610, Lusaka, Zambia.

4. Teacher education project in selected colleges and associated schools, built onto original CtC programme, helping to reduce scope and concentrate activities. UNICEF working closely with designated colleges. *Contact:* Mary Njamba (address at 1. above). (See page 61.)

5. Institute of Christian Leadership makes considerable efforts for CtC. Involvement predates national seminar and is ongoing. Active in Northern Region (Mpika) and Copperbelt. In-service training for teachers on CtC approaches. Books and charts published and widely distributed. *Contact:* P Kangwa, Child-to-Child Co-ordinator, ICL, Box 450038, Mpika, Zambia. (See page 62.)

6. WASHE (water, sanitation and health education) programme run by water affairs department in Mongu. Started 1987 and ongoing. Funded by NORAD. Uses CtC activity sheets and readers.

7. ESN Unit for 7-17 year olds uses materials and approach. Some materials translated and adapted to suit special needs of children. *Contact:* Dexter Litia Nyaywa, Mazabuka ESN Unit, POB 670361, Mazabuka, Zambia.

ZIMBABWE

1. Initiatives by Ministry of Health at local level in at least three provinces, Mashonaland West and East and Manicaland. Materials used in in-service training of teachers and health workers.

2. First six readers printed under licence by Longman Zimbabwe and widely used. *Contact:* Longman Zimbabwe (Pvt) Ltd, PO Box ST125, Southerton, Harare, Zimbabwe.

3. National seminar to look at CtC across the curriculum held 1989, with participation CtC Trust and EpE. Three pilot projects launched but no widespread take-up of the approach. Some interest retained by Curriculum Development Unit, particularly in Science Education. *Contact:* Lisa Ncube, Curriculum Development Unit, Ministry of Education and Culture, PO Box 8022, Causeway, Zimbabwe.

4. Community-based project, supported by Redd Barna, focuses on linking schools and pre-schools, with older school children helping in toymaking and food production for pre-school children. CtC materials also used in community-based rehabilitation programme. *Contact:* Fanny Chirisa, Redd Barna Zimbabwe, PO Box 318, Chiredzi, Zimbabwe.

5. Health education unit at Wankie Colliery promotes CtC materials and activities through its teachers' health development programme, in six primary schools and in community health programmes. *Contact:* Evangelista Pilime, Health Education Unit, Wankie Colliery Hospital, PO Box 92, Hwange, Zimbabwe.

European and North American-based partners in the promotion of international Child-to-Child activities

Abbreviations: CtC = Child-to-Child; EpE = L'Enfant pour l'Enfant, Institut Santé et Développement, 15 rue de l'Ecole de Médecine, 75270 Paris, France (Programme Director: Dr Elisabeth Dumurgier).

Where no contact is listed, please get in touch with the Child-to-Child Trust for further details.

BELGIUM

CERES, University of Liège works in co-operation with EpE, Paris and supplies field consultants on a regular basis to health education programmes in Mali using CtC approaches. CERES has also launched an international course for planners of health education programmes; CtC and EpE on curriculum planning committee. *Contact:* Michel Andrien, CERES, Université de Liège au Sart Tilman, Bâtiment B 32, 4000 Liège, Belgium.

CANADA

Canadian International Development Agency, through its Zambia-Canada project, has supported a programme to integrate CtC approaches in teachers' colleges in Zambia, including seminars and training courses for Zambian teacher educators in Zambia and UK.

FRANCE

1. Bureau International Catholique de l'Enfance formerly closely linked with EpE, Paris and still gives it support. Also promotes CtC approaches through its contacts. *Contact:* Marie-Paule Eisele, Bureau International Catholique de l'Enfance, Secretariat pour la France, 19 rue de Varenne, 75007 Paris, France.

2. Ministry of Co-operation and Development supports and distributes publications from EpE within its programmes in West Africa. Employs staff of EpE as consultants in programmes. *Contact:* EpE, Paris.

3. L'Enfant pour l'Enfant (EpE) produces materials, assists in implementation throughout francophone countries and acts as a resource centre. Major partner of Child-to-Child (CtC), London. *Contact:* Dr Elisabeth Dumurgier, L'Enfant pour l'Enfant, Institut Santé et Développement, 15 rue de l'Ecole de Médecine, 75270 Paris Cedex 06, France.

4. UNESCO supports CtC approaches as part of its Education for All strategy. Several departments have supported programmes with CtC components. These include:

- Division of Primary Education, Literacy, Adult and Rural Education supports integration of CtC approaches within its field programmes in West Africa. *Contact:* L Lokisso, Division of Primary Education, Literacy, Adult & Rural Education, UNESCO, 7 place de Fontenoy, 75700 Paris, France.
- Division of Science, Technical and Environmental Education has supported publication of 'Children, Health and Science' specially produced for UNESCO by CtC/EpE in English, French, and Spanish. *Contact:* J Elfick, Programme Specialist, Section of Science and Technology Education, UNESCO, 7 place de Fontenoy, 75700 Paris, France.
- Unit for Inter-Agency Co-operation in Basic Education (a) organised a seminar in Togo to share CtC experiences between countries; (b) promotes integration of CtC approaches in programmes for street and working children in Africa. *Contact:* A Tay, Programme Specialist, Unit for Inter-Agency Co-operation in Basic Education, UNESCO, 7 place de Fontenoy, 75700 Paris, France.

GERMANY

1. Bread for the World has supported (a) production of CtC activity sheets in Spanish and their distribution in Central America, with related training in Nicaragua; (b) production of CtC readers in Arabic. Currently supporting overseas training by CtC Trust. *Contact:* Bread for the World, Stafflenbergstrasse 76, Postfach 10 11 42, D-7000 Stuttgart 10, Germany.

2. CARITAS has supported distribution and use of CtC materials in West Africa, e.g. Boys' Society, Sierra Leone. *Contact:* Horst Buchmann, CARITAS, International Department, Postfach 420, D-7800 Freiburg, Germany.

3. Christoffel-Blindenmission (international headquarters) promotes use of CtC materials and approaches through worldwide programmes. *Contact:* S Bridger, West Africa Desk, Christoffel-Blindenmission e.V., Nibelungenstrasse 124, D-6140 Bensheim 4, Germany.

4. German Institute for Medical Missions uses CtC materials and approaches in training programmes for volunteers. *Contact:* Helga Fuellner, German Institute for Medical Missions, Paul-Lechler-Str 24, D-7400 Tuebingen 1, Germany.

5. MISEREOR has supported (a) production of CtC readers through subsidies designed to make books available at low cost; (b) production of 'Children for Health', incorporating 'Facts for Life' messages and activities for children's understanding and action. *Contact:* Msgr. Norbert Herkenrath, Secretary of the Bishops' Commission for MISEREOR, Bischofliches Hilfswerk MISEREOR e.V., Postfach 1450, Mozartstrasse 9, D-5100 Aachen, Germany.

6. UNESCO Institute for Education supports CtC approaches as part of its mandate to promote alternative approaches to formal education. Has published and distributed 'Child-to-Child: Another Path to Learning', in English and French. *Contact:* Peter Sutton, Head of Publications, UNESCO Institute for Education, Feldbrunnenstrasse 58, W-2000 Hamburg 13, Germany.

NETHERLANDS

Bernard van Leer Foundation supports and promotes CtC approaches in early childhood education. Co-sponsored major seminar in Kenya. Also uses approach in programmes for refugees. *Contact:* Kate Torkington, Head of Training, Department of Programme Development and Training, Bernard van Leer Foundation, PO Box 82334, 2508 EH The Hague, Germany.

NORWAY

1. NORAD supports CtC programmes in the field, e.g. WASHE in Zambia.

2. Redd Barna (Norwegian Save the Children) supports CtC approaches through its field programmes and has contributed towards funding co-ordinating activities of CtC London. *Contact:* Pal Jareg MD/Margit Fuglesang, Redd Barna, P.boks 6200, Etterstad, N-0602 Oslo, Norway.

SWEDEN

1. Radda Barnen (Swedish Save the Children) promotes CtC approaches in refugee camps in Ethiopia, Kenya and Pakistan.

2. Uppsala University use CtC materials in teaching of doctors and nurses (Diploma Course on Health Care in Developing Countries). *Contact:* Ingvor Agnarsson, International Child Health Unit, Department of Paediatrics, Uppsala University, S-751 85 Uppsala, Sweden.

SWITZERLAND

1. Aga Khan Foundation promotes, funds and evaluates major CtC programmes in India and Tanzania (Zanzibar). Also CtC components in programmes in Pakistan and Kenya. *Contact:* Dr Jeremy Greenland, Programme Officer, Aga Khan Foundation, PO Box 435, 1211 Geneva 6, Switzerland.

2. Bureau International Catholique de l'Enfance (international headquarters) has established CtC as one of its programme priorities, and supports its dissemination and incorporation though affiliated programmes internationally. Currently developing materials in association with CtC on listening to children. *Contact:* Stefan Vanistendael, Deputy Secretary General, Bureau International Catholique de l'Enfance, 65 rue de Lausanne, 1202 Geneva, Switzerland.

3. World Health Organisation promotes CtC approaches through certain of its programmes, e.g. Eastern Mediterranean Regional Office, Alexandria. CtC Trust has contacts with Division of Family Health, and Division of Health Education, Geneva.

UK

1. Appropriate Health Resources & Technologies Action Group (AHRTAG) publicises CtC material through its newsletters. At least one field project (oral health in Delhi) uses CtC approaches. *Contact:* Martin Long, AHRTAG, 1 London Bridge Street, London SE1 9SG, UK.

2. ActionAid publicises CtC materials and approaches to its field directors. Some projects, e.g. Kenya and India, have made use of these. *Contact:* Margaret Barsham, International Training & Development Manager, ActionAid, Hamlyn House, Archway, London N19 5PG, UK.

3. Aga Khan Foundation (UK) has provided grants towards CtC materials development and technical assistance to field projects. Publicises CtC work widely and maintains special contacts with the field projects for which AKF provides funding, e.g. in India, Pakistan and East Africa. *Contact:* Firoze Manji, Chief Executive Officer, Aga Khan Foundation (UK), 33 Thurloe Square, London SW7 2SD, UK.

4. British Council Medical and Education Departments maintain close and continuous working links with CtC. Members of both departments sit on CtC steering committee. Major joint projects have included School Health Action Plan project in Kenya; Health Across the Curriculum project in Kenya, Zimbabwe, Uganda and Botswana; and radio resource pack. *Contact:* Dr Ruth Hope, Medical Department/Peter Fell, Education Department, British Council, Medlock Street, Manchester M15 4PR, UK.

5. Catholic Fund for Overseas Development (CAFOD) publicises CtC materials widely. Provides subsidies for writing, translation and distribution of CtC materials, e.g. readers in Spanish and activity sheets, particularly on disability. *Contact:* Cathy Corcoran, Head of Projects, CAFOD, 2 Romero Close, London SW9 9TY, UK.

6. Child-to-Child Trust initiates and produces materials, advises and monitors activities worldwide. Publicises CtC activities throughout the world and promotes exchange of information. *Contact:* Hugh Hawes, Director, Child-to-Child Trust, Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

7. Christian Aid has supported production of CtC readers in Arabic. *Contact:* Christian Aid, 35 Lower Marsh, London SE1, UK.

8. Commonwealth Secretariat publicises CtC materials and approaches, and assisted funding for School Health Action Plan project in Kenya. *Contact:* Carol Coombe, Education Programme, Human Resource Development Group, Marlborough House, Pall Mall, SW1Y 5HX, UK.

9. International Health Exchange incorporates CtC material and uses CtC personnel in its training courses. *Contact:* Anita Ademoye, International Health Exchange, 38 King Street, London WC2E 8JT, UK.

10. Leeds Metropolitan University Department of Health & Community Studies uses CtC materials in postgraduate teaching. Staff co-operate on other CtC training courses. Promote CtC through many overseas contacts. *Contact:* June Copeman, Department of Health & Community Studies, Leeds Metropolitan University, Calverley Street, Leeds LS1 3HE, UK.

11. Nicaragua Health Fund publicises CtC approaches. Raises funds for and maintains contacts with health programmes in Nicaragua using CtC materials and activities. *Contact:* Hazel Plunkett, Nicaragua Health Fund, All Saints House, 83 Margaret Street, London W1N 7HB, UK.

12. Save the Children Fund promotes CtC approach and supplies materials to its many activities overseas. Also supports local adaptation and publication of CtC materials, e.g. into Arabic and Khmer. *Contact:* Dr Mike Edwards, Head of Information & Research, Save the Children Fund, Mary Datchelor House, 17 Grove Lane, London SE5 8RD, UK.

13. Teaching-aids at Low Cost (TALC) publicises and markets CtC materials produced in the UK and handles some materials in other languages. Other low-cost materials distributed by TALC, e.g. 'Helping Health Workers Learn' and 'Partners in Evaluation', recommend CtC approaches. *Contact:* Barbara Harvey, TALC, PO Box 49, St Albans, Herts AL1 4AX, UK.

14. UK Committee for UNICEF publicises CtC and incorporates ideas in materials for UK schools. Has helped to fund distribution of CtC readers via UNICEF country offices in Africa, and currently supports CtC Trust. *Contact:* Heather Jarvis, Education Officer, UK Committee for UNICEF, 55 Lincoln's Inn Fields, London WC2A 3NB, UK.

15. University of Bristol Centre for International Studies in Education maintains close working links with CtC Trust. Director is member of steering committee. Uses CtC materials and approaches in its postgraduate teaching courses and promotes them through its overseas contacts. *Contact:* Dr Roger Garrett, Director, University of Bristol Centre for International Studies in Education, 35 Berkeley Square, Bristol BS8 1JA, UK.

16. University of Leeds Overseas Education Unit promotes CtC ideas and materials. Special interest in health through mathematics. *Contact:* William Gibbs, Overseas Education Unit, School of Education, The University, Leeds LS2 9JT, UK.

17. University of London Institute of Child Health joint sponsor of CtC from its inception in 1978. Centre for International Child Health formerly housed CtC and now maintains close and continuous working links with CtC Trust. Staff members are trustees and steering committee members of CtC. Promotes CtC approaches through its courses and to visiting groups. *Contact:* Professor Andrew Tomkins, Centre for International Child Health, Institute of Child Health, 30 Guilford Street, London WC1N 1EH, UK.

18. University of London Institute of Education joint sponsor of CtC from its inception in 1978. Currently provides a home base for CtC Trust. Department of International & Comparative Education maintains close and continuous working links with the Trust. Staff members are trustees and steering committee members of CtC. Promotes CtC approaches through its courses and to visiting groups. *Contact:* Mrs Rajee Rajagopalan, Administrator, Department of International & Comparative Education, Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

19. Voluntary Service Overseas promotes CtC approaches and materials through its volunteers overseas (many VSOs undertake CtC activities). CtC personnel help with training in UK. *Contact:* Health Officer, Training Department, Voluntary Service Overseas, 317-325 Putney Bridge Road, London SW15 2PN, UK.

USA

1. Christian Children's Fund Inc publicises CtC materials and approaches to its country offices. Some of these, e.g. in Brazil, India and Sierra Leone, assist local programmes and materials production. *Contact:* Sarah Manning, Program Development Co-ordinator, Christian Children's Fund, 203 East Cary Street, Box 26484, Richmond, Virginia 23261-6484, USA.

2. Consultative Group on Early Childhood Care & Development co-operates with CtC in promoting materials and activities on child growth and development. *Contact:* Cassie Landers, Consultative Group on Early Childhood Care & Development, The Co-ordinating Unit, c/o UNICEF, 3 UN Plaza, New York, NY 10017, USA.

3. Hesperian Foundation promotes, activates and monitors CtC projects in Mexico. Incorporates CtC approaches through its publications, e.g. 'Disabled Village Children'. Members of staff act as resource persons for CtC programmes in Latin America. Director is CtC international consultant. *Contact:* David Werner, Director, Hesperian Foundation, PO Box 1692, Palo Alto, California 94302, USA.

4. Save the Children promote and publicise CtC ideas and materials. *Contact:* A W Wood, Director of Education, Save the Children, 54 Wilton Road, PO Box 950, Westport, CT 06881, USA.

5. UNICEF Headquarters promotes CtC approaches to UNICEF country offices worldwide. Provides support, both moral and material, for the core activities of CtC Trust. CtC received the UNICEF Maurice Pate Award in 1991 for its work in health education. UNICEF has co-operated and provided part funding to CtC Trust for a companion publication to 'Facts for Life' entitled 'Children for Health'. *Contact:* Anthony Hewitt, Chief, Programme Communication, and Cyril Dalais, Senior Education Adviser, UNICEF, 3 UN Plaza, New York, NY 10017, USA.

Expanded profiles of selected Child-to-Child programmes and projects

COUNTRY: Bolivia

TITLE: Radio Education Project

ORGANISATION(S)
Bolivian Government with USAID.

CONTACT PERSON(S)
Michelle L Fryer, PARI, La Paz, Casilla 1438, La Paz, Bolivia.

DISTRICT(S) etc.
Cochabamba city for pilot.

WHERE ACTIVITIES TOOK PLACE
Primary schools (upper classes, age 8-13 years).

DATES
1989 (pilot project).

MAIN AIMS
To demonstrate the effectiveness of interactive radio instruction to teach easily applicable and relevant health concepts and behaviour, using a CtC approach.

MATERIALS/METHODS USED
Interactive radio was chosen as the educational mass medium, the first time worldwide that this type of radio had been used to teach health. Baseline data was collected from literature reviews, consultation with local experts, individual and focus group interviews with parents and children, observation of local practices and assessment of children's current scholastic achievement. Relevant behaviours, amenable to health education and radio broadcasting, were identified. The final list included: handwashing and disposal of personal waste; garbage disposal and food preparation; water collection, use and purification; and preparation and administration of oral rehydration solution. The curriculum was developed from this, consisting of 25-minute recorded lessons with a further 20-minute instruction session by teachers. Teachers received orientation in use of interactive radio.

IMPACT/OUTCOME
Interactive radio is a popular educational medium with children. However, some problems were observed in teachers' use of support material. Unfamiliarity with techniques of preparing and integrating additional materials into lessons resulted in some confusion during class activities. More emphasis on use of teachers' guides is recommended for future orientations. Significant gains in learning were measured amongst participating children in all target areas and a positive impact on their behaviour has been observed by teachers and parents. The pilot project is to be expanded within Bolivia.

NOTES
Interactive radio is an approach to broadcasting which creates an impression of dialogue between broadcaster and listener, e.g. in the form of questions and answers, where the listener supplies the response.

SOURCE(S)
'Health education through interactive radio: a Child-to-Child project in Bolivia', Michelle L Fryer, Health Education Quarterly, 18, 1, 65-77, 1991.

COUNTRY: Botswana TITLE: Child-to-Child Programme

ORGANISATION(S)
Child-to-Child Foundation of Botswana.

CONTACT PERSON(S)
Lillian P Masolotate, Co-ordinator, Child-to-Child Foundation of Botswana, Private Bag 0084, Gaborone, Botswana.

DISTRICT(S) etc.
Throughout Botswana.

WHERE ACTIVITIES TOOK PLACE
In government primary schools.

DATES
1979-ongoing.

MAIN AIMS
To co-ordinate national CtC programme activities, especially by linking pre-school children with local primary schools and providing these children with more stimulating activities.

MATERIALS/METHODS USED
Support and assistance is given to participating schools by the Foundation with ideas and materials for development of pre-school activities and in running workshops to train teachers in early childhood development. Primary school children are also taught to pass knowledge and skills to younger children.

IMPACT/OUTCOME
The Botswana CtC Foundation was formed as a charity in 1979 and has since gained the support of government, NGOs, industry and international organisations. By 1991 it was active throughout most of the country, in 44 schools, serving 50,000 children. Pre-school children who have participated in CtC are found to adapt to primary school more quickly and readily, with less shyness or fear; primary school children become more interested in their own lessons and tend to do better in class; and quality of communication between all children involved improves.

SOURCE(S)
1991 report, Lillian P Masolotate, Child-to-Child Foundation of Botswana, 1991.

COUNTRY: Brazil

TITLE: Child-to-Child with Street Children

CONTACT PERSON(S)
Tom and Francesca Scanlon, c/o Child-to-Child Trust, London, UK.

DISTRICT(S) etc.
Belém.

WHERE ACTIVITIES TOOK PLACE
With street children.

DATES
1989-1991.

MAIN AIMS
To evaluate the relevance and scope of CtC methods in practical teaching activities with street children.

MATERIALS/METHODS USED
To encourage attendance, food and medical support (e.g. for pregnancies, injuries and general ailments) were offered at each session. Teaching sessions were kept short (maximum 30 minutes), were self-contained (because there was no guarantee that children would attend the next session) and were designed to be of immediate relevance to the local situation of the children. Where materials reflecting other cultural experiences were tried, they failed to work. Timetabling was planned to fit in with the children's commitments, e.g. not at lunchtimes when they were likely to be busiest selling chewing gum, shoe shining, etc., and outdoor sessions were preferred by children, so long as the weather was good.

IMPACT/OUTCOME
The group is a highly appropriate one with which to use CtC approaches. Many Brazilian street children are responsible for younger siblings from an early age and most girls become pregnant before they are 15 years old. They have little previous schooling and minimal opportunity to learn anything other than what they experience on the streets. Their experience of a consistent, affectionate adult-child relationship has almost always been replaced by one which views adults as exploitative towards them, and this they quickly copy. Scope for developing their self-esteem, through CtC approaches, is great.

NOTES
Activities are ongoing and led by Brazilian workers. This profile is based on an eight-month, informal evaluation by expatriate workers who were involved with the conception of the project.

SOURCE(S)
Unpublished report on use of CtC teaching methods, Tom and Francesca Scanlon.

COUNTRY: Egypt TITLE: Action Oriented School Health Project (AOSHP) - School Summer Clubs

ORGANISATION(S)
Education, Health and Information Ministries with WHO, UNICEF & UNESCO.

CONTACT PERSON(S)
Malak Zaalouk, Education Officer, UNICEF, 8 Adnan Omar Sidki Street, Dokki, Cairo, Egypt.

DISTRICT(S) etc.
Cairo, Giza and Sohad governorates.

WHERE ACTIVITIES TOOK PLACE
Summer club activities were based at 73 primary schools in 1989. (800 schools in 10 governorates involved in 1991.)

DATES
May-September 1989; summer club activities have continued since.

MAIN AIMS
Summer clubs were intended to help pilot AOSHP in Egyptian primary schools by introducing health concepts to primary school children through educational activities based on CtC approaches.

MATERIALS/METHODS USED
Activities were developed at ministerial level in consultation with specialists in science, arts, maths, etc. Those involved in this initial development trained 30 selected teachers as teacher trainers and they, in turn, trained almost 300 primary school teachers from participating schools in application of health concepts and use of the summer club activities' materials. Main topics included personal hygiene and clean schools, homes and neighbourhoods.

IMPACT/OUTCOME
Evaluation was carried out amongst teacher trainers and teachers, children and parents. Trainers and teachers agreed that the project had had a positive effect in terms of benefit they themselves had gained. Children were seen to have improved their understanding of basic health issues and parents reported that activities learnt at summer clubs had been brought back into the home and that children had become more positive in their attitudes and behaviour in terms of personal health and cleanliness.

NOTES
- AOSHP is a regional programme for the Eastern Mediterranean and North Africa to develop health education in primary schools using a CtC approach. Egypt has been the main focus for AOSHP activities to date.
- Out-of-term, non-curricular, school-based activities of the kind described here are sometimes called 'summer clubs'. They use facilities (e.g. school buildings) and involve resources (e.g. school libraries and teachers themselves) which might otherwise be unused over long holiday periods.
- A prototype set of AOSHP curriculum resource books has been developed in Egypt, published by WHO, Alexandria in 1988, in Arabic and English.

SOURCE(S)
Internal reports from UNICEF, Egypt.

COUNTRY: Gambia

TITLE: Health Awareness Programme

ORGANISATION(S)
Regional Education Office.

CONTACT PERSON(S)
Hassan S K Joof, Principal Education Officer, Regional Education Office, Region Two, Brikama, Western Division, Gambia.

DISTRICT(S) etc.
Marakissa.

WHERE ACTIVITIES TOOK PLACE
Nursery and primary schools.

DATES
1990-ongoing.

MAIN AIMS
To introduce health education using CtC approaches by providing readers (and other internationally published materials) to schools; and through associated visits, talks and annual competitions based on activities undertaken during the year.

MATERIALS/METHODS USED
Headteachers are asked at the beginning of the school year to participate in the scheme. Participation means that each class receives at least one health talk per week from teachers. Talks are based on CtC readers and activity sheets and, during monthly visits to schools, more difficult topics are introduced and progress of the scheme assessed. An annual competition (best poster, play, poem and song) has been held for all participating schools to evaluate overall success.

IMPACT/OUTCOME
Within most schools, teachers and children have become enthusiastically involved and there have been significant improvements to school buildings and grounds (including improved sanitation). Families too have enthusiastically participated in the annual school competitions. The scheme has also presented an opportunity for practical evaluation of the readers, demonstrating their general popularity but also showing that, in some cases, teachers and pupils have found concepts difficult to understand or inapplicable within Gambian context and culture.

SOURCE(S)
Unpublished evaluation reports on the project (1990 & 1991) and CtC readers, all held at Child-to-Child Trust, UK.

COUNTRY: India (Bombay) TITLE: Malvani Project

ORGANISATION(S)
Department of Preventive and Social Medicine, Seth GS Medical College and KEM Hospital, with Bombay Municipal Corporation.

CONTACT PERSON(S)
Dr Vijaya R Bhalerao, Professor and Head, Department of Preventive and Social Medicine, Seth GS Medical College and KEM Hospital, Parel, Bombay 400 012, India.

DISTRICT(S) etc.
Malvani, Bombay municipality.

WHERE ACTIVITIES TOOK PLACE
Low income settlement on city outskirts.

DATES
1986-ongoing.

MAIN AIMS
To teach health to school children using CtC approaches and to train them as health message communicators within their own communities in order to effect beneficial changes in knowledge, attitudes and practice.

MATERIALS/METHODS USED
Activities have been developed within the classroom, and curricula have been modified according to health topics of local importance and practical knowledge needed by children but missing from textbooks. Examples include children carrying out health checks on each other; creating audiovisual materials; completing community health surveys, and referring people to health centres for treatment. Teachers had previously been initiated by observing health staff taking classes but now health personnel provide direct training and support to teachers.

IMPACT/OUTCOME
Implementing the programme within existing educational structures initially put some pressure on teachers in terms of meeting demands of the formal curriculum. As teachers began to see that activity-based teaching could be successful, and as the programme was modified to match available resources and local needs, it became more readily acceptable, even without extra incentives for teachers. Generally children had good long-term retention of knowledge (though some messages were more difficult) but family members did not learn so well. Children, parents and neighbours welcomed CtC approaches and use of health centre services has increased significantly. Malvani is now focusing efforts on children working with close family members (rather than the wider community) to make learning more effective.

NOTES
- This project was formally evaluated by the Centre for Research and Development, Bombay.
- A three-year research project began in 1992, in co-operation with the Child-to-Child Trust. Its purpose is to examine the impact of CtC on the children who transmit health messages.

SOURCE(S)
Draft evaluation report held at Child-to-Child Trust, UK (but not yet available for publication/quotation).
Video of project made for BBC television series, also held at Child-to-Child Trust.

COUNTRY: India (Bombay)

TITLE: Mobile Creches

ORGANISATION(S)
Mobile Creches.

CONTACT PERSON(S)
Rukmini Mahadevan, Jt Secretary, Mobile Creches, Oxford House, 2nd Floor, Apollo Bunder, Bombay 400 039, India.

DISTRICT(S)
Bombay Municipality.

WHERE ACTIVITIES TOOK PLACE
At shanty settlements in around 20 child care and education centres.

DATES
1986-ongoing.

MAIN AIMS
To provide temporary health care and education for children (aged 0-12) of migrant construction workers.

MATERIALS/METHODS USED
Mobile creches are temporary centres provided by builders on construction sites for migrant workers' children. Curricula and activities have been designed specifically for these children. A range of teaching aids have been developed including games, work cards and pictures. Health centre staff at all levels teach or are involved in other ways and are aided by programme supervisors (who also obtain feedback). Older children take on teaching responsibilities for younger children, the CtC approach having enabled this whole process of passing health messages to be systematized. Activities are also extended into the wider community but the main focus is on the child who attends the centre.

IMPACT/OUTCOME
Because of the temporary and dynamic nature of the creches and sites at which they are based, it is particularly difficult to assess how much any one factor, e.g. introduction of CtC, is responsible for changes which have taken place. Children have learnt some messages well, such as those relating to diarrhoea and measles. Others, e.g. leprosy or malnutrition, were more difficult, possibly because of the low incidence of cases within the community. Mothers' knowledge has also improved, especially in recall of particular treatments, e.g. oral rehydration. No deaths from diarrhoea and no incidence of headlice or scabies have been recorded at creches since the CtC programme began. Environmental improvements have been noted although a limiting factor has been the resources available to children and their communities. Parents listen to children's messages and changes in parental beliefs have been observed, encouraging more timely treatment of disease.

NOTES
This project was formally evaluated by the Centre for Research and Development, Bombay.

SOURCE(S)
Draft evaluation report held at Child-to-Child Trust, UK (not yet available for publication/quotation).

ORGANISATION(S)
Municipal Corporation of Delhi (MCD) and National Council of Educational Research and Training (NCERT).

CONTACT PERSON(S)
Dr (Mrs) Rakalakshmi Muralidharan, Professor and Head, Department of Pre-school and Elementary Education, NCERT, Sri Aurobindo Marg, New Delhi 110 016, India.

DISTRICT(S)
Throughout Delhi municipality.

WHERE ACTIVITIES TOOK PLACE
By 1990 was operating in 108 government-maintained schools.

DATES
1986-ongoing.

MAIN AIMS
To implement CtC approaches within formal school system.

MATERIALS/METHODS USED
The Delhi Schools Project was the first attempt in India to implement CtC in a major, governmental, formal school system. Teachers of classes 4 and 5 were trained in CtC approaches with additional orientation for facilitators (supervisors, administrators and medical officers). The programme was piloted in 32 primary schools and designed to cover 750 eventually. It was co-ordinated by a steering committee representing all agencies involved (MCD, NCERT, teacher training institutions, evaluators, funders, etc.). Pilot schools were divided into two groups for monitoring either by NCERT or MCD, with NCERT schools having more supervision. In both groups of schools older children 'adopted' children from Classes I and II, supervising their hygiene, maintaining their health records and other activities. Three review sessions for teachers (at NCERT schools) have been held.

IMPACT/OUTCOME
CtC approaches have begun to play a very significant role in primary school education in Delhi and more widely. Teachers, children and parents have welcomed the programme, its activity-oriented framework and its practical approach to health matters. As elsewhere, introduction of CtC into a formal curriculum was felt to create some initial difficulties, especially for teachers who have to find time to develop resources and activities within existing timetables. Total integration of CtC into school systems has yet to be achieved: teachers need to be fully aware of the purpose of these activities in order to achieve more effective participation and learning by children. Resource centres are proposed within selected schools to provide local support (demonstration classes, materials development facilities, etc.) to neighbouring schools as they begin to introduce CtC approaches.

NOTES
This project has been formally evaluated by Lady Irwin College, New Delhi.

SOURCE(S)
Draft evaluation report held at Child-to-Child Trust, UK (not yet available for publication/quotation).

COUNTRY: India (Delhi) TITLE: Maskate Daant (Smiling Teeth) Oral Health Self Care Project

ORGANISATION(S)
Municipal Corporation of Delhi Education Department with AHRTAG (Appropriate Health Resources and Technology Action Group) London, UK.

CONTACT PERSON(S)
Dr Vijay Mathur, Dental Officer, Municipal Corporation of Delhi School Health Service, Delhi 110001, India.

DISTRICT(S) etc.
Municipal Delhi.

WHERE ACTIVITIES TOOK PLACE
The project was a primary school-based health education programme. Evaluation activities involved consultation with health professionals, educators and others in Delhi and in the UK.

DATES
1986-ongoing.

MAIN AIMS
To improve oral health self care amongst children and to develop appropriate, child-centred curriculum modules. An evaluation was carried out to independently assess the project to date and to compare dental health education interventions in other countries.

MATERIALS/METHODS USED
Project development started from a base-line survey of oral health of children in pilot schools. Teacher training workshops were planned and implemented and oral health education modules were developed for primary schools. Knowledge of oral health was tested in pilot children pre- and post- use of modules in class and attitudes of children, teachers and parents were studied, through interviews, after introduction of the modules. An action research approach was sustained throughout the piloting.

IMPACT/OUTCOME
The evaluation strongly recommended the introduction of Maskate Daant modules into all primary schools in Delhi and that the project should link more closely with the CtC approach. The compatibility of modules with methods and materials already used in the curriculum was seen as a vital factor in its acceptability amongst teachers. To complement the support already provided from the Education Department closer links should be formed with the Health Department. Action research allowed changes to be made as the project developed and the model for this project could be widely-used elsewhere to introduce or extend oral health education in schools.

NOTES
Appendices to the report contain practical details of the teachers' workshops, curiculum modules and interviews. The copy seen did not however contain these appendices.

SOURCE(S)
'Maskate daant: report of an external evaluation of OHSEC on behalf of AHRTAG', Ann Burkitt and Asoka Ekanayaka, AHRTAG, UK, 1990.

COUNTRY: India (Gujarat and Rajasthan) TITLE: CHETNA projects

ORGANISATION(S)
Centre for Health Education, Training and Nutrition Awareness (CHETNA) with local agencies.

CONTACT PERSON(S)
Minaxi Shukla, Programme Officer, Child Resource Centre, CHETNA, Lilavatiben Lalbhai's Bunglow, Civil - Camp Road, Shahibaug, Ahmedabad 380 004, Gujarat, India.

DISTRICT(S) etc.
In rural areas of Gujarat and Rajasthan.

WHERE ACTIVITIES TOOK PLACE
Government primary and non-formal school.

DATES
1987-89.

MAIN AIMS
To introduce CtC approaches within rural, often isolated communities and to promote overall development of children in schools.

MATERIALS/METHODS USED
Three independent programmes using CtC approaches were supported by local NGOs working in both government and non-government run schools. Implementing agencies saw CtC as a nutrition/health education programme particularly effective in raising community awareness of health issues. Teachers were trained in nutrition, health education and child development activities and introduced these to children. The role of CHETNA was in teacher training and, later, helping to develop outreach activities in collaboration with teachers and children. These included health fairs and evening programmes (puppet shows and poster exhibitions) in local villages.

IMPACT/OUTCOME
By the end of the project, most teachers understood that CtC involved the process of activity-based learning as well as the nutrition/health education content that they had initially perceived. The training workshops organised by CHETNA provided the foundation for this essential shift in understanding. Introducing such activities into the classroom was often quite difficult for teachers, as they felt they lacked authorization and enough ongoing support to be able to do so effectively. Over time, teachers felt more comfortable using activity-based learning. Children's health knowledge improved significantly (compared to children outside the project) and those whose teachers had the highest levels of motivation improved most of all. Where a variety of media was available (teachers, children, health workers, mass media, etc.) community outreach was most successful. Experience gained from the project helped CHETNA to establish its Child Resource Centre as a central exchange for ideas on planning, implementing and evaluating child health programmes.

NOTES
This project was formally evaluated by MS University, Baroda.

SOURCE(S)
Draft evaluation report held at Child-to-Child Trust, UK (not yet available for publication/quotation).

ORGANISATIONS(S)
EMMA with various government and non-government organisations.

CONTACT PERSON(S)
Father Emmanuel Mariampillai, EMMA, 12 Murrays Gate Road, Alwarpet, Madras 600 018, India.

DISTRICT(S) etc.
Madras city.

WHERE ACTIVITIES TOOK PLACE
EMMA resource centre; and since 1991 in state primary and secondary schools.

DATES
1986-ongoing.

MAIN AIMS
To organise a primary health care resource and information centre including health education programmes for low income groups.

MATERIALS/METHODS USED
The resource centre has developed and produced a wide range of materials, including activity sheets, posters, tape-slides, songs, puppets, etc. Teachers and health workers are trained at the centre in their use, and children also visit and take part in workshops. There is emphasis on local customs and traditions in the development of materials and these are being modified as appropriate for wider use in state schools. EMMA's health workers lead CtC activities in ten city schools, for children from 6th to 9th standard, once a week during class hours. Teachers from participating schools take part in orientation and monitoring workshops.

IMPACT/OUTCOME
Activities in state schools are still at an early stage of development but the already-established and extensive EMMA resource base will provide a strong foundation for the growth of CtC in Madras State.

SOURCE(S)
Unpublished report of visit to Madras, Rajee Rajagopalan, Child-to-Child Trust, UK, April-May 1990; and 'Development of health communication in primary health care: Report for the Year 1 April 1991-30 March 1992', EMMA, India, 1992.

COUNTRY: India (Orissa) TITLE: United Artists' Association (UAA) School Health Programme

ORGANISATION(S)
United Artists' Association.

CONTACT PERSON(S)
Sarat Das, Programme Co-ordinator, United Artists' Association, Post Dis. Ganjam, Orissa 761 026, India.

DISTRICT(S) etc.
Ten blocks of Ganjam district, Orissa.

WHERE ACTIVITIES TOOK PLACE
235 formal schools and 22 non-formal schools.

DATES
1985-ongoing.

MAIN AIMS
To enable primary and middle school children to communicate health messages and take health action in their communities.

MATERIALS/METHODS USED
A systematic approach is used. First, a survey of the health situation of the school is carried out in co-operation with the head and teachers, who are encouraged to draw up a health plan for their school. A school health committee is formed including students, community representatives and government health workers. A brigade of student health guides is formed with one guide for every 10 students. Guides do health checks and keep records, with children in classes 4 and 5 taking care of younger ones. A special period is allotted to health education with further activities across the curriculum. Wall newspapers are produced and health competitions organised. Teachers' guidebooks have been produced, and teacher representatives attend monthly meetings to monitor progress. Out of school, children take part in, e.g. village cleanliness and immunisation campaigns, and perform plays and songs with health messages. Each school has a health fund and raises income through activities including growing and selling produce. Involvement of community leaders and government officials facilitates fundraising.

IMPACT/OUTCOME
Co-operation between the UAA, government health and education departments, and local communities has enabled around 35,000 children to be mobilised using existing resources, and to take action for health. Communities encourage and support children in their activities. Health education has been made exciting to children and they have proved to be effective communicators as well as fundraisers for infrastructure projects, such as building latrines.

SOURCE(S)
'Learning for Life', report of a workshop organised by CHETNA, Ahmedabad for the Aga Khan Foundation, India; New Delhi, 24-26 April, 1990.

COUNTRY: Kenya

TITLE: Nakuru School Health Programme

ORGANISATION(S)
AMREF and Government of Kenya.

CONTACT PERSON(S)
Juma Magara, Health Education Network, AMREF, Wilson Airport, PO Box 30125, Nairobi, Kenya.

DISTRICT(S) etc.
Nakuru.

WHERE ACTIVITIES TOOK PLACE
Within local schools.

DATES
Ongoing 1993.

MAIN AIMS
To prepare school-going children to be positive health change agents in their communities.

MATERIALS/METHODS USED
Schools act as centres for educating children in appropriate health-promoting knowledge and skills, and activities are extended into children's homes. The school-based programme includes: pupil-to-pupil physical examination for obvious health problems; establishment of kitchen gardens; tree and flower planting within school grounds; and monitoring activities. Although it is an integral part of regular school activities, the programme is organised through school health clubs which are largely run by children. Only the youngest children (in classes 1 and 2) have their activities organised for them (by older pupils). Skills seminars are arranged for both pupils and teachers through the health clubs, and additional health education talks and demonstrations are provided in school. Pupils are encouraged to continue activities within their own homes, and parents to support their children's efforts. There is also collaboration at government level (involving agriculture, health, education and forestry ministries) to develop the programme.

IMPACT/OUTCOME
The school community (pupils and teachers) have become more aware of and involved in health issues of practical concern to themselves and their families. Active health clubs have been established in schools in Nakuru and children take on responsibility for the health of each other, including looking after younger children within schools. Pupils are enthusiastically developing activities within their homes and are showing that they can be important and effective agents of change within their families and community. However, it has also been learnt that child-to-child and child-to-parent transfer of health knowledge is neither an automatic or simple process, and that training elements within the programme need to provide adequate time and structure to facilitate better learning and transfer of knowledge.

SOURCE(S)
Unpublished report on Nakuru school health programme, Juma Magara, AMREF, Kenya.

COUNTRY: Kenya

TITLE: School Health Action Plan Project

ORGANISATION(S)
Kenyatta University (KU) and Kenya Institute of Education (KIE).

CONTACT PERSON(S)
Jack Menya, Deputy Director, Kenya Institute of Education, PO Box 30231, Nairobi, Kenya.

DISTRICT(S) etc.
Nairobi (urban) and Machakos (rural) areas.

WHERE ACTIVITIES TOOK PLACE
Practical work in two primary schools in each of the chosen areas was monitored by a co-ordination team from KU Faculty of Education/KIE.

DATES
April 1989-December 1991.

MAIN AIMS
To identify how CtC methods/materials can enrich and inform existing health topics within the national curriculum; and to pilot locally-produced CtC materials.

MATERIALS/METHODS USED
Close links with CtC Trust, London were maintained from inception and through two seminars during the project period in which CtC consultants participated. CtC activity sheets were used as a resource in schools. Local programmes for writing action plans, training staff and monitoring activities in schools were run by KU. The basis of action plans drawn up by schools was that they should include health education throughout the curriculum: in main 'carrier' subjects (e.g. home science, physical education), in other subjects (e.g. maths and languages) and in extra-curricular/external activities. Schools prioritised health education issues and developed definitions of teachers', children's, and other participants' roles.

IMPACT/OUTCOME
This project concentrates activity at school level. Class teaching methods have changed significantly through project activities: teachers now highlight health messages within curriculum and stress application of health knowledge rather than just knowledge itself. School-community links are greatly strengthened through health-related activities outside the classroom. At a national level the project has identified where health topics occur in the curriculum (although the CtC approach is not yet adopted nationally). It has produced a scheme of work for primary schools (a bank of activity-based lessons for teachers) and identified a need for more locally-produced materials based on the CtC approach. There are plans to introduce the approach in teachers' colleges.

SOURCE(S)
Described in 'Child-to-Child approaches in colleges and schools in Africa: report of a seminar in Nairobi 20-25 January 1992', Hugh Hawes *et al* (eds), Child-to-Child Trust, UK, 1992.

COUNTRY: Kenya

TITLE: Schools Immunisation Promotion Project

ORGANISATION(S)
Kenya Expanded Programme on Immunisation (KEPI) with UNICEF and REACH (Resources for Child Health).

CONTACT PERSON(S)
Grace Kagondu, KEPI Management Unit, REACH/Nairobi, PO Box 19528, Nairobi, Kenya.

DISTRICT(S) etc.
Siaya.

WHERE ACTIVITIES TOOK PLACE
200 primary schools, their teachers and 8,000 pupils (aged 12-14), mothers and their unimmunised infants (aged 0-2).

DATES
January 1990-July 1990.
August 1990-December 1990: replication in additional six districts.

MAIN AIMS
To teach older children about immunisation and for them to increase immunisation coverage by locating unimmunised infants and encouraging mothers to accept immunisation.

MATERIALS/METHODS USED
Materials used were a health kit for schools (teaching instructions, a lesson plan, a fact sheet for pupils and appointment slips) and visual aids (sample health cards, posters, etc.). School heads, teachers and health workers were briefed; pupils were taught about immunisation, located mothers of unimmunised 0-2 year olds, encouraged mothers to immunise and gave them an appointment slip for the nearest health post. A competition was introduced between participating schools to see which achieved the highest number of slips returned. Evaluation was of administrative data (teachers trained, pupils participating and slips returned); change in immunisation coverage; and qualitative data (attitudes of those involved in project) through discussion.

IMPACT/OUTCOME
Pupils were found to be good carriers of immunisation mesages, though there was concern about the number of selected schools which only participated minimally and the poor quality of information some pupils had passed on to mothers. Evaluation of differences between message-carrying and learning about immunisation does not appear to have been undertaken. Improvements in coverage were recorded but could not be accurately ascribed to this project alone. For the replication the prize-giving parts of the inter-schools competition were dropped and successful schools were commended through media channels.

NOTES
Examples of promotional materials are included in the report.

SOURCE(S)
'Schools immunisation promotion project'; unpublished evaluation report of the pilot project in Siaya district Kenya, Grace Kagondu, KEPI Management Unit, Kenya, 1991.

COUNTRY: Kenya TITLE: Siaya Health Education Water and Sanitation Project (SHEWAS)

ORGANISATION(S)
CARE Kenya.

CONTACT PERSON(S)
Okumu B E N Nakitari, Project Manager, SHEWAS, CARE International in Kenya, PO Box 606, Siaya, Kenya.

DISTRICT(S) etc.
Boro division, Siaya district.

WHERE ACTIVITIES TOOK PLACE
Out-of-school clubs in 22 local schools.

DATES
1991-ongoing.

MAIN AIMS
Children who participate in the clubs should be able to pass health messages on to other children in their schools, to siblings and to their families. Workshops for teachers aim to develop understanding of the key role children can play in promoting health messages.

MATERIALS/METHODS USED
The clubs and workshops are co-ordinated by five teachers and the community health workers who have supported the project from its outset. Membership of clubs is voluntary, and formal and informal teaching methods are used to help children spread messages amongst their friends, their families and the community. Key topics in teachers' workshops include water, sanitation and other health education issues. The workshops emphasise health problems that children face in relation to these issues, and the finding of solutions that are likely to be appropriate for children. Teachers have also developed their own resources for use in health clubs.

IMPACT/OUTCOME
There have been immediate benefits to schools, families and communities which have been recognised by all those involved. It has been agreed to explore the possibility of making out-of-school activities, carried out by children through clubs, better integrated with the more formal life of the school. Monitoring and evaluation methods are taught within the teachers' workshops and teachers have also drawn up action plans (for a limited four-month period) based on broad guidelines suggested at the workshops.

SOURCE(S)
Unpublished report of the teachers' workshop, December 1991, CARE-Kenya, and information from Clare Hanbury, Child-to-Child Trust, UK, based on her visit in January 1992.

COUNTRY: Mali

TITLE: Macina Child Health Project

ORGANISATION(S)
CARE-Mali.

CONTACT PERSON(S)
Denise D Gordon, Project Manager, CARE-Mali, BP 1766, Bamako, Mali.

DISTRICT(S) etc.
Macina.

WHERE ACTIVITIES TOOK PLACE
Within project villages and outside formal schooling.

DATES
July 1990-June 1991.

MAIN AIMS
To introduce a health education programme to village children who do not attend schools.

MATERIALS/METHODS USED
Village health promoters were taught health education concepts appropriate for children at 2-day workshops. Each developed ideas based on traditional games, songs, etc. which were tested with children. As these activities developed it was desirable to find ways of recognising childrens' achievements: because the community culture did not prioritise formal education and because some monitoring of children's progress was needed. A school report card was adapted to record progress in basic health and an 'award ceremony' introduced as children completed the card. Older children who had completed sections helped younger children who fell behind and the monitoring system and ceremony were kept lighthearted.

IMPACT/OUTCOME
Participating children's self-esteem and status appear to have increased significantly. Children took responsibility for teaching other children (e.g. through games with a question/answer element); encouraged parents to adopt healthier practices (e.g. ensuring cleanliness of water) and played leading roles in whole village health action (e.g. mass malnutrition detection). Children who originally did not want to participate in health education became eager to do so, and adult women felt encouraged to adopt more formal roles as educators within the programme. Elders helped children with 'homework' when children were asked to explore topics from within their community.

NOTES
Recommendation were drawn up after this piloting phase to encourage further development of the programme within a CtC framework.

SOURCE(S)
Unpublished project implementation report, Macina child health project, Suzanne Dumais, CARE-Mali, 1991.

ORGANISATION(S)
Neighbors Abroad Program (Oaxaca-Palo Alto, Ca) and Rotary Club, Oaxaca.

CONTACT PERSON(S)
Rosita Molina, Apartado 496, 68000 Oaxaca, Oaxaca, Mexico.

DISTRICT(S) etc.
Oaxaca.

WHERE ACTIVITIES TOOK PLACE
In schools and the community; through trainers' workshops.

DATES
1990-ongoing.

MAIN AIMS
To decrease infant mortality through education of children aged 8-12 years who are primary carers of under-5 year olds; through training of health promoters.

MATERIALS/METHODS USED
Trainee health promoters are from a variety of backgrounds, including teachers, rural-based nurses, community development and church workers. Courses are both theoretical and practical, the second part working with children. David Werner's books and ideas are used extensively, modifying suggestions as appropriate (e.g. drawing rather than writing down health problems). Emphasis is placed on developing teaching techniques which contain strong elements of participation, fun, clear message and preventive health approaches. Other regular refresher meetings are also held for health promoters who have completed the initial training.

IMPACT/OUTCOME
Health promoters develop CtC activities within their own communities according to what local resources are available: the range of activities throughout the district is great. New activity sheets have been developed and other support materials (e.g. on alcoholism) have also been produced or obtained. Workshops have demonstrated the need to address underlying issues of poverty and illness, in a socio-economic context, and children have highlighted violence as a crucial health issue. Needs have been identified for more materials in these areas, for a Latin-American songs and games book and for possible separation of training workshops into two on (i) CtC techniques and (ii) basic health principles.

NOTES
Photographs of 1990 workshop activities are included with the reports.

SOURCE(S)
Unpublished reports on workshops (1990 & 1991), Celine Woznica, and unpublished report on a visit to Oaxaca, Grazyna Bonati, Child-to-Child Trust, UK.

COUNTRY: Nepal

TITLE: 'Toys for Fun' (pre-test of book)

ORGANISATION(S)
UNICEF-Nepal.

CONTACT PERSON(S)
Bishnu Devi Manandhar, UNICEF-Nepal, Information and Communication Section, PO Box 1187, Kathmandu, Nepal.

DISTRICT(S) ETC.
Kathmandu, Chitwan (rural plains) and Kavre (rural hills) districts.

WHERE ACTIVITIES TOOK PLACE
Families, pre-primary schools and other centres, primary and secondary schools in selected districts, involving children, parents, teachers, craft-workers and other helpers.

DATES
1989.

MAIN AIMS
To pre-test 'Toys for Fun' book by June Carlile (Macmillan/CtC), especially to evaluate interest generated by its ideas and the clarity of illustrations and instructions and adapability and availability of materials.

MATERIALS/METHODS USED
Ideas in 'Toys for Fun' were evaluated through discussions, interviews and observations of toy-making with all those involved. Through pre-testing, the study also encouraged the philosophy that play is essential to child development and that activities for children should be stimulating and fun. Ideas and practicalities were discussed, toy-making sessions were conducted and older children and teachers made toys for use with younger children.

IMPACT/OUTCOME
CtC activities using 'Toys for Fun' should be encouraged widely in Nepal. Some materials (e.g. bamboo, papers, rags) are freely available; some have more limited availability (plastic bottles in rural areas), and some need to be purchased (scissors; sticky tape). Specific criticisms related to inappropriate illustrations and unavailability of some materials, especially in rural Nepal.

NOTES
- Detailed report and recommendations on each activity described in book is included in report.
- Pre-testing format is also included. This could be adapted and used elsewhere.
- Users of book should be aware that some costs may be incurred in providing toy-making materials.

SOURCE(S)
Unpublished pre-test report on 'Toys for Fun', Bishnu Devi Manandhar, UNICEF, Nepal, 1989.

COUNTRY: Pakistan (special project with Afghan refugees) TITLE: Mother Child Centre Project

ORGANISATION(S)
International Rescue Committee with Bernard van Leer Foundation.

CONTACT PERSON(S)
Health Education Resource Centre, International Rescue Committee, GPO 504, Peshawar, Pakistan.

DISTRICT(S) etc.
In Peshawar area.

WHERE ACTIVITIES TOOK PLACE
In two neighbouring refugee camps.

DATES
1988-possibly ongoing.

MAIN AIMS
To strengthen opportunities for mothers to participate in the care of their children and to move away from more typical camp values where refugees are regarded as passive receivers of assistance.

MATERIALS/METHODS USED
Camp leaders were consulted to gain their approval for the construction of a mother-child care centre. This was given but led immediately to controversy amongst various factions within the camp who believed their cultural traditions would be threatened. It was agreed that the centre could be opened, but for children only. Children began attending in large numbers and were involved in such activities as story-telling, toy-making, and teaching younger children. It is not clear whether any centre staff were from the Afghan community and, if so, whether they included women helpers.

IMPACT/OUTCOME
Girls became more confident and boys grew more sensitive to the needs and appropriate care of younger siblings. Mothers remained unable to attend the centre and, through this experience, the project decided to concentrate on working with children. CtC provides a natural focus for such an approach, especially in according status to older children's work with younger children. Plans included the development of a CtC curriculum within the centre and the training of urban (Peshawar-based) Afghan women in childcare.

NOTES
The kind of compromise reached (over the future of the centre) is not unusual in refugee conditions and reflected wider concerns about camp security and welfare. In particular, the dispute was undermining the supplementary feeding programme because target children were prevented from attending.

SOURCE(S)
Bernard van Leer Foundation workshop presentation, October 1988: 'Pakistan special project with Afghan refugees', Theresa Molyneux, 1988.

COUNTRY: Papua New Guinea

TITLE: Salvation Army Child-to-Child Programme

ORGANISATION(S)
Salvation Army, Papua New Guinea.

CONTACT PERSON(S)
Botani Dixson, Child-to-Child Supervisor, The Salvation Army Health Services, Central Province Health Services, Box 6413, Boroko, NCD, Papua New Guinea.

DISTRICT(S) etc.
Southern Province.

WHERE ACTIVITIES TOOK PLACE
In primary schools.

DATES
1991-ongoing.

MAIN AIMS
To teach children basic health; to encourage sharing of knowledge and increased health awareness within the family and community and to provide a foundation for normal child growth, development and future learning opportunities.

MATERIALS/METHODS USED
Activities based on CtC activity sheets. Supervisor was concerned that these should not become 'boring' for children and concentrated on using techniques such as music, drama and story-telling to bring out their interest. Lesson plans (e.g. for malaria control and scabies) have been developed, with their main health messages and a wide variety of teaching ideas, including song, story, role-play and a game, based on local culture and knowledge. Songs have been written in the local dialect.

IMPACT/OUTCOME
Formal evaluation of teaching methods is not included in source documents. The lesson plans, however, were formulated after participation in CtC trainers' workshops and indicate that these were valuable and stimulating in suggesting ideas for development of more child-centred teaching methods.

NOTES
Photographs of some of the classroom activities are included in source documents.

SOURCE(S)
Correspondence from Botani Dixson to Child-to-Child Trust, UK.

COUNTRY: Romania

TITLE: Health Messengers

ORGANISATION(S)
Health Messengers.

CONTACT PERSON(S)
Eugenia Grosu Popescu, President, Health Messengers, c/o Radio Difuziunea Romana, Str. Gral Berthelot 62-7, Bucharest, Romania.

DISTRICT(S) etc.
Budapest.

WHERE ACTIVITIES TOOK PLACE
Within health clinics and the community (especially amongst older people and street children).

DATES
1991-ongoing.

MAIN AIMS
To promote a climate of discussion amongst the whole community so that its members are better able to identify, discuss and solve health problems. To pass on knowledge about health to children who are in difficult circumstances.

MATERIALS/METHODS USED
At a practical level children (the 'health messengers') run almost all activities themselves. Activities are developed within a number of action groups, at least one of which each child belongs to. They include AIDS, drugs and stress groups, and others concerned with care of older people, helping street children, and the preservation of Romanian forests and other environmental issues. Design, press and publicity activities are also organised by children and these have resulted in direct participation in national and international conferences. Children have produced their own health radio programmes which have been broadcast nationally.

IMPACT/OUTCOME
Health Messengers has already shown that children can be instrumental in helping to promote ideas and decision-making about health matters throughout the community as a whole. Children are highly committed to the different activities that they are helping to lead within the organisation, and they are doing so in realistic and creative ways. The programme is able to expand because of the wider publicity that the children themselves attract, through speaking at meetings and on the radio. Initially, extension is planned into another five districts.

SOURCES
Leaflet produced by Health Messengers, Romania, and information from Clare Hanbury, Child-to-Child Trust, UK.

COUNTRY: Sierra Leone

TITLE: Child-to-Child Teacher Education Project

ORGANISATION(S)
Ministry of Health Education Unit (MoHEU) with UNICEF and UNESCO.

CONTACT PERSON(S)
Martin Bangura, Makeni Teachers College, Box 32, Makeni, Sierra Leone.

DISTRICT(S) etc.
Bombali and Tonkolili districts.

WHERE ACTIVITIES TOOK PLACE
Teachers' colleges and pilot schools.

DATES
1988-ongoing.

MAIN AIMS
To review CtC activities in selected teacher training colleges and to modify and improve programmes based on key health priorities for children. To suggest action plans for health education in both colleges and schools.

MATERIALS/METHODS USED
A MoHEU steering committee was formed and the integration of CtC approaches into teacher-training at colleges and pilot schools was co-ordinated with national level reforms of the primary school curriculum (linking community and school activities). The project worked with CtC, London and with other agencies in Sierra Leone using CtC approaches. Seminars were held at the two colleges to disseminate project aims. Colleges and school developed their own health action priorities. College students were introduced to the CtC approach and developed community-based projects in schools during their training.

IMPACT/OUTCOME
CtC has become a cross-curricular activity in primary and secondary schools and has now been recommended nationally by the National Curriculum Development Centre (NCDC). Conditions in Sierra Leone in the wider context have resulted in some disruption of CtC activities. However, all training colleges have now begun to work with CtC approaches and it is intended to extend activities into the pre-school system. Other achievements are the partnership between health and education at national policy-making levels, the depth of commitment to CtC in training colleges and the action-based priorities of colleges, reflected in the action-oriented teaching practice projects undertaken by students.

NOTES
Physical and health education teachers' guide for primary schools, incorporating CtC materials, has been issued by NCDC. CtC materials produced internationally are expensive to supply and this reduces costs.

SOURCE(S)
Described in' Child-to-Child approaches in colleges and schools in Africa: report of a seminar in Nairobi 20-25 January 1992', Hugh Hawes *et al* (eds), Child-to-Child Trust, UK, 1992.

COUNTRY: Sierra Leone

TITLE: Pre-school Project

ORGANISATION(S)
Catholic Education Office with German CARITAS.

CONTACT PERSON(S)
Philomena Kamara, Co-ordinator, Pre-school Project, Catholic Education Office, PO Box 588, Freetown, Sierra Leone.

DISTRICT(S) etc.
Throughout Sierra Leone.

WHERE ACTIVITIES TOOK PLACE
Catholic and non-Catholic pre-schools were selected for pilot phase. Subsequently at national and regional workshops for teachers.

DATES
1991-ongoing.

MAIN AIMS
First workshop developed general objectives. Pre-schools should enable children to develop physically, mentally, socially, emotionally, morally and spiritually; encourage links between home and school and teacher and parent; provide a safe and stimulating environment; and prepare for further education.

MATERIALS/METHODS USED
This project is based entirely in pre-schools within Sierra Leone. A major initial investment was made by surveying all participating schools and running workshops for teachers and administrators. The workshops provided a platform to find out from participants their own educational priorities and what they felt to be the needs of young children. The project is continuing to develop in this way, with more locally-based workshops and increasing emphasis on more practical issues for teachers, such as curriculum development.

IMPACT/OUTCOME
The first workshops have provided a focus for teachers' growing recognition of the need to provide child-centred education at pre-school levels. CtC approaches are being incorporated into the new curriculum.

SOURCE(S)
'Early childhood education in pre-schools in Sierra Leone': newsletters 1 & 2, Freetown, Catholic Education Office, 1991.

COUNTRY: Tanzania (Zanzibar) TITLE: 'Toys for Fun' (pre-test of book)

ORGANISATION(S)
Ministry of Education.

CONTACT PERSON(S)
Shirley Dabek, former Curriculum Advisor, Ministry of Education, Zanzibar c/o Child-to-Child Trust, London.

DISTRICT(S) etc.
Various Zanzibar schools.

WHERE ACTIVITIES TOOK PLACE
One nursery school, two urban primary schools and one rural primary school, involving teachers and children.

DATES
March 1989-May 1989.

MAIN AIMS
To pre-test 'Toys for Fun' book by June Carlile (Macmillan/CtC), especially to evaluate interest generated by its ideas and the adaptability and availability of materials suggested.

MATERIALS/METHODS USED
Ideas in book were evaluated through discussions, interviews and observations of toy-making with those involved. Through pre-testing, the study also encouraged the philosophy that play is essential to child development and that activities for children should be stimulating and fun. Reports on ideas and their practicalities were obtained from teachers and toy-making, and toy-making results were observed. Older children and teachers made toys for use with younger children.

IMPACT/OUTCOME
Interest and enthusiasm was generated in every pre-testing school. Many materials (e.g. bamboo, papers, rags, plastic bottles) are freely available and some need to be purchased (scissors, sticky tape). Some older children preferred to keep toys they had made for themselves rather than give them to younger children.

NOTES
- Photographs of activities generated have been included in report.
- CtC provided limited funding for this pre-test. Users of book should be aware that some costs may be incurred in providing toy-making materials.

SOURCE(S)
Unpublished report by Shirley Dabek, Zanzibar, 1989.

COUNTRY: Turkey

TITLE: Basic Education Programme (with CtC component)

ORGANISATION(S)
Ministry of National Education with UNICEF.

CONTACT PERSON(S)
Nurper Ülküer, Education Officer, UNICEF, UNICEF House, Iran Cad No 35 06700, GOP, Ankara, Turkey.

DISTRICT(S) etc.
Basic Education Programme applied throughout Turkey; initial CtC workshop in Ankara.

WHERE ACTIVITIES TOOK PLACE
At workshop to introduce CtC approach.

DATES
Whole programme planned for 1991-95. Initial workshop took place June 1992.

MAIN AIMS
Workshop introduced CtC to educationists, teachers, etc with focus on needs of children of agricultural migrant workers and other special groups; and to form central CtC training team.

MATERIALS/METHODS USED
Workshop participants were from government, universities, teachers and other interested NGOs and educators. The workshop lasted six days and addressed core issues of health in Adana region (where many migrant workers' children live) and CtC philosophy and methodology, followed by a practical phase in which participants developed a project to be implemented in target schools. A particular focus was the lack of education for some 400,000 agricultural migrants' children taken out of school when their parents travel to other parts of Turkey for work. This was also related more generally to unmet educational needs of girls and of some minority groups.

IMPACT/OUTCOME
The enthusiasm for CtC generated at the workshop demonstrated that there is an effective group of administrators, teachers and others who can develop the approach. Needs of children living in rural/ remote areas and of girls require further consideration and any future workshop on literacy and numeracy (as 'carriers' of health messages) would be likely to highlight these questions. The continued development of links with appropriate government ministries and universities is a priority in the effective introduction of CtC within the Basic Education Programme. It is also suggested that younger children may need to be introduced to some elements of CtC in order to prepare them for the main activities at grades 4 and 5.

SOURCE(S)
Unpublished planning and evaluation reports on the workshop, held at Child-to-Child Trust, UK.

COUNTRY: Uganda

TITLE: Child-to-Child Teacher Education Project

ORGANISATION(S)
African Social Studies Programme and Institute of Teacher Education Kyambogo (ITEK).

CONTACT PERSON(S)
Violet Mugisa, Child-to-Child Co-ordinator, ITEK, PO Box 1, Kyambogo, Kampala, Uganda.

DISTRICT(S) etc.
Mukono and near Kampala.

WHERE ACTIVITIES TOOK PLACE
Nazigo and Buloba Teachers' Colleges and their satellite primary schools.

DATES
November 1987-ongoing.

MAIN AIMS
To assess potential of teachers' colleges in using CtC approach to promote active, relevant and functional learning.

MATERIALS/METHODS USED
National co-ordination is at ITEK with devolved responsibility for practical implementation at college and school levels through local committees. There is co-operation with other government bodies and NGOs interested in CtC or similar approaches and with CtC Trust, London. A national health education curriculum, integrating the CtC approach, has been separately developed. This is taught to trainee teachers in pilot colleges through 'carrier' science subjects and across the curriculum. Students use these methodologies in teaching practice and schools have developed further CtC activities. At school level there is continuous monitoring and in-service training for teachers. Curriculum development materials for colleges and schools have been produced and CtC materials have been produced nationally, including a video and locally-produced craft-work, toys and collections of songs, etc.

IMPACT/OUTCOME
Within pilot colleges and schools, the project has been enthusiasticaly received. Children and teachers have developed a range of health education activities inside and outside the classroom. Support has also been gained at ministerial levels, from industry and from NGOs. The process of changing health-related attitudes and behaviour is recognised as a slow one and particular consideration now needs to be given to integrating the parallel activities in colleges and schools. There have been some financial and logistic constraints. Outside the project, take-up of the national health education curriculum appears to have been less-securely based on practical application.

SOURCE(S)
Described in 'Child-to-Child approaches in colleges and schools in Africa: report of a seminar in Nairobi 20-25 January 1992', Hugh Hawes *et al* (eds), Child-to-Child Trust, UK, 1992.

COUNTRY: Uganda

TITLE: College and School Action Plans
(within Child-to-Child Teacher Education Project, Uganda)

ORGANISATION(S)
Buloba and Nazigo Teachers Colleges and Buloba Boarding, Nazigo Demonstration, St Joseph Nazigo and Natete primary schools.

CONTACT PERSON(S)
Violet Mugisa, Child-to-Child Co-ordinator, ITEK, PO Box 1, Kyambogo, Kampala, Uganda.

DISTRICT(S) etc.
Mukono and near Kampala.

WHERE ACTIVITIES TOOK PLACE
Within colleges, schools and their communities.

DATES
1990-ongoing.

MAIN AIMS
To develop practical, relevant and stimulating health-related activities, to be undertaken by students and children within colleges, schools and communities throughout the academic year.

MATERIALS/METHODS USED
Both colleges and schools developed detailed plans which identified main health priorities (e.g. diarrhoea control, malaria), and indicated ways to introduce these priorities into main 'carrier' subjects (e.g. science) and cross-curricular subjects (e.g. music and drama). Suggestions were made for related out-of-class activities within colleges or schools (e.g. growing food crops in college/school garden) and within the community. Implementation included preparation, teaching and understanding of formal lessons; performance of concerts, plays and other community events; improvement of gardens and other college and school environments etc.

IMPACT/OUTCOME
Parallels between college and school action plans were strong, encouraging a sense of continuity beween training college and actual school practice (or vice versa). Health activities were introduced into a wide range of curriculum subjects, besides the main 'carrier' ones. In schools, particularly, priority areas were limited to betwen two and four. This is likely to ensure that action plans for the year remain practicable and relevant. Teachers, students, children, parents and others in the community became directly involved both on action plan committees and through taking part in the wide range of activities.

NOTES
Activities described are selected from action plans devised by colleges and schools for 1990.

SOURCE(S)
School action plans for the named colleges and schools, prepared by members of their respective health committees (lecturers and students, teachers, children and parents, and others). Examples are held by Child-to-Child Trust, UK.

COUNTRY: United Kingdom

TITLE: Child-to-Child: an Approach to Health Education for Junior Schools

ORGANISATION(S)
St Helens and Knowsley Health Promotion Department.

CONTACT PERSON(S)
Sue Occleston, 7 Cleavley Street, Winton, Eccles, Manchester M30 8BR, UK.

DISTRICT(S) etc.
St Helens and Knowsley.

WHERE ACTIVITIES TOOK PLACE
Primary schools (years 5 and 6).

DATES
1991 ongoing.

MAIN AIMS
To provide a practical guide for local teachers explaining the CtC approach.

MATERIALS/METHODS USED
Activities carried out in primary schools through the health promotion department have been influenced by approaches to CtC internationally. Children are encouraged to develop practical health education activities carried out with their families, in their communities and in neighbouring schools. Some of the practical issues they have been involved with include smoking, solvent abuse and alcoholism. Methods which children have evolved for practical health education work include street theatre, interviews with local shop-keepers and designing and promoting their own posters and other publicity material. A teacher's guide is designed to promote wider knowledge of CtC in local schools and so that schools can develop activities independently.

IMPACT/OUTCOME
The guide describes the CtC approach, showing how individual educational outcomes are determined by children rather than being teacher-led. The teacher's role is described as that of providing overall guidance and support to children and their projects, i.e. as a facilitator. Suggestions for teachers who are planning to introduce the CtC approach are included in the guide, e.g. how they might use activity sheets.

NOTES
A revised version of this guide is planned.

SOURCE(S)
'Child-to-Child: an approach to health education for junior schools, years 5 and 6', St Helens and Knowsley Health Promotion Department, UK, 1991.

COUNTRY: Zaire

TITLE: School Health Programme

ORGANISATION(S)
Paediatric Research Centre (PRC), Lumbumbashi, Zaire and School Medicine Co-ordination Unit (SMCU), Gécamines, Zaire.

CONTACT PERSON(S)
Professor O Wembonyama and B Mbuy, BP 450, Lubumbashi, Zaire.

DISTRICT(S) etc.
Gécamines.

WHERE ACTIVITIES TOOK PLACE
Within schools and their communities.

DATES
1990-ongoing.

MAIN AIMS
To demonstrate benefits of children's participation in health campaigns at school and in the home.

MATERIALS/METHODS USED
After identifying the failure to establish school health and medical services in Gécamines as a major problem, practical training was offered to health staff and teachers to improve detection of common diseases, vaccination uptake and availability of first aid. The programme was extended to include children, using a CtC approach. These activities included campaigns (to combat a severe scabies epidemic); auxiliary health work (children detecting eyesight problems in other pupils); improving knowledge (where children help choose their own health topic and speakers for a conference) and out-of-school campaigning, surveillance and activities with pre-school children.

IMPACT/OUTCOME
This programme recognised that children can have an important influence on health within communities because they often comprise a significant proportion of the population. In Gecamines they represent two-thirds of the total population and 100,000 are schoolchildren. So far there apperas to have been an emphasis on mass campaigning and surveillance activities and less concentration on development of classroom methodology.

SOURCE(S)
'School children working for health', O Wembonyama and B Mbuy, ICCB Bulletin, 3, 13-16, 1991.

COUNTRY: Zambia

TITLE: Child-to-Child Teacher Education Project

ORGANISATION(S)
Ministry of Education and Ministry of Health with UNICEF.

CONTACT PERSON(S)
Mary Njamba, Director, Child-to-Child Zambia, Ministry of Education, PO Box 50093, Lusaka, Zambia.

DISTRICT(S) etc.
Throughout Zambia.

WHERE ACTIVITIES TOOK PLACE
Teachers' colleges and associated schools.

DATES
1988-ongoing.

MAIN AIMS
To link health-related knowledge with practice, initially through training of student teachers, and to introduce minimum health competencies (identified at both national and local levels) for students.

MATERIALS/METHODS USED
Within colleges, competencies have usually been introduced through a variety of curriculum subjects, including the study of education (via e.g. toy-making). In some there is inter-departmental co-ordination to decide which health messages to transmit. CtC is often seen as a college club through which extra-curricular activities (e.g. preparation of materials for use in schools) can take place. College staff who receive special training are encouraged to pass this on to colleagues. Within associated schools, CtC activities are run by school committees, which may include children. Most activities are message promoting, through e.g. song or drama. Instruments to evaluate CtC have been devised centrally but are not yet widely used. Various curriculum and other resource books (including 'Child-to-Child in Zambia') have been developed nationally and locally.

IMPACT/OUTCOME
There is considerable variation in both schools and colleges, and for both health activities and CtC approaches, in extent of involvement. At college level assessment of how far CtC approaches have successfully been introduced is lacking. Some, however, are known to be very active. Few schools have been able to carry out a survey of the full range of CtC activities: i.e. planning, action and evaluation. Nationally, outside the associated schools, health topics are not yet well-integrated into the overall curriculum and some priorities get left out. Lack of appropriate materials (including distribution problems) is seen as a barrier to more teacher training. Outside agencies (government, NGOs, and industry) have all contributed to CtC development.

SOURCE(S)
Described in 'Child-to-Child approaches in colleges and schools in Africa: report of a seminar in Nairobi 20-25 January 1992', Hugh Hawes *et al* (eds), Child-to-Child Trust, UK, 1992.

COUNTRY: Zambia TITLE: Institute of Christian Leadership Child-to-Child Programme

ORGANISATION(S)
Institute of Christian Leadership (ICL).

CONTACT PERSON(S)
Patrick Kangwa, Child-to-Child Co-ordinator, ICL, Box 450038, Mpika, Zambia.

DISTRICT(S) etc.
Northern province.

WHERE ACTIVITIES TOOK PLACE
Teachers seminars for primary teachers at ICL.

DATES
1986-ongoing.

MAIN AIMS
To train teachers in formulation of CtC approaches so that they are able to spearhead activities in schools.

MATERIALS/METHODS USED
Teachers are trained in the CtC approach at ICL and become key people in its development both in schools and the community. Refresher seminars are also provided for teachers already using CtC. Proper planning, monitoring and evaluation at local level is seen as a vital activity in order to ensure the continuation and growth of CtC, and project schools and their communities are each encouraged to form local committees. Both committees are under the overall responsibility of the school. A special emphasis is placed on food supplements, female education and family planning (FFF) activities by ensuring that women's organisations are represented on the community committee.

IMPACT/OUTCOME
At local level children, teachers and parents have all become involved in practical ways (e.g. learning how to prepare oral rehydration solution). The ICL directorate also provides or obtains significant financial and logistic support to enable teacher training to continue. A particular problem has been to find other organisations and individuals with which to share ideas and issues about the development of CtC. The recent development of the national programme, based on teacher training colleges, is seen as having considerable potential benefit.

SOURCE(S)
Unpublished report on activities to date, Patrick Kangwa, ICL, Zambia, 1992.

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12.	Grazyna Bonati and Hugh Hawes (Ed). **Child-to-Child: A Resource Book.** This volume includes 2, 4, 5, 6 above plus many examples of Child-to-Child around the world.	£5.00*
13.	Hugh Hawes *et al.* **Child-to-Child Approaches in Colleges and Schools in Africa.** Report of a Conference held in Nairobi, January, 1992.	£2.50
14.	Clare Hanbury and Sara McCrum. **We are on the Radio** (book plus tape) introduces basic broadcasting techniques and skills for those who want to involve children in making effective broadcasts about health.	£3.50
15.	Clare Hanbury (Ed). **Child-to-Child and Children Living in Camps.** Written for people working with children in refugee camps or camps for displaced people, this volume contains specially adapted Child-to-Child materials plus a section on these children's special needs.	£2.50

* Special price for overseas.

ARABIC (2 also available from ARC, PO Box 7380, Nicosia, Cyprus)

1.	**Child-to-Child book (Arabic translation of the original English edition)**	£3.75
2.	**Arabic Adaptations of Child-to-Child Readers:**	
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	A Simple Cure	£1.50
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FRENCH (also available from EDICEF, 26 rue des Fossés Saint-Jacques, 75005 Paris, France)

1.	**French Child-to-Child Readers:**	
	La Fièvre du Lion	£1.30
	Le Vieux Roi et la Petite Fiancée	£1.30
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	La Revanche de Sonko-le-Lièvre	£1.30
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PORTUGUESE

1.	**Criança para Criança**: Portuguese version of the original Child-to-Child book.	£1.00

SPANISH

1.	**Child-to-Child Activity Sheets**	£2.00
2.	**Spanish versions of the Child-to-Child Readers:**	
	A Bajar la Fiebre	£1.00
	Accidentes	£1.00
	Agua Sucia	£1.00
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Please send your orders with payment to **TALC, P.O. Box 49, St Albans, Herts AL1 4AX, U.K.** (Tel. (0727) 853869; fax: (0727) 846852). Add 30% to the total cost of the books for **surface or U.K. mail OR** 60% for **airmail** (minimum £2.50).

A set of 4 new Activity Sheets **Helping Children in Difficult Circumstances** is available free from the Child-to-Child Trust, Institute of Education, 20 Bedford Way, London WC1H 0AL, U.K.

Children who Live or Work on the Street
Children who Live in an Institution
Helping Children whose Friends or Relatives Die
Helping Children who Experience War or Disaster

Child-to-Child publications from various sources

The following are available:

Arabic activity sheets (some titles), readers and other resource material from Arab Resource Collective Ltd, PO Box 7380, Nicosia, Cyprus.

Bengali activity sheets (some titles) from Voluntary Health Services Society, GPO Box No 4170, Dhaka-1000, Bangladesh.

English materials produced in India, including readers and resource books, from: Voluntary Health Association of India, Tong Swasthya Bhavan, 40 Institutional Area, Near Qutab Hotel, New Delhi 110 016, India; Aga Khan Foundation, Sarojini House, 2nd Floor, 6 Bhagwan Dass Road, New Delhi 110 001, India; Centre for Health Education, Training and Nutrition Awareness (CHETNA), Lilavatiben Lalbhai's Bunglow, Civil-Camp Road, Shahibaug, Ahmedabad 380 004, Gujarat, India; National Council of Educational Research and Training, Department of Pre-school and Elementary Training, Sri Aurobindo Marg, New Delhi 110 016, India.

French materials, including activity sheets, readers and resource books, from L'Enfant pour l'Enfant, Institut Santé et Développement, 15 rue de l'Ecole de Médecine, 75270 Paris - cedex 06, France.

Gujarati materials from Centre for Health Education, Training and Nutrition Awareness (CHETNA), Lilavatiben Lalbhai's Bunglow, Civil-Camp Road, Shahibaug, Ahmedabad 380 004, Gujarat, India.

Hindi materials from Voluntary Health Association of India, Tong Swasthya Bhavan, 40 Institutional Area, Near Qutab Hotel, New Delhi 110 016, India; Centre for Health Education, Training and Nutrition Awareness (CHETNA), Lilavatiben Lalbhai's Bunglow, Civil-Camp Road, Shahibaug, Ahmedabad 380 004, Gujarat, India; National Council of Educational Research and Training, Department of Pre-school and Elementary Training, Sri Aurobindo Marg, New Delhi 110 016, India.

Khmer readers (four titles) from World Vision International Cambodia, c/o World Vision Foundation of Thailand, PO Box 1717, Bangkok 10501, Thailand. Khmer version of 'Toys for Fun' from Save the Children (UK) Cambodia, c/o Overseas Information Officer, Save the Children Fund, Mary Datchelor House, 17 Grove Lane, London SE5 8RD, UK.

Nepali readers (five titles) from Centre for Health Learning Materials, TU Institute of Medicine, PO Box 2533, Kathmandu, Nepal.

Portuguese version of 'CHILD-to-child' (1979 resource book): 'Criança para Criança', from Child-to-Child Trust.

Swahili version of 'CHILD-to-child' (1979 resource book): 'MTOTO-kwa-mtoto', from AMREF, Wilson Airport, PO Box 30125, Nairobi Kenya.

Turkish activity sheets (some titles) from UNICEF, Iran Cad No 35 06700, GOP Ankara, Turkey.

Urdu readers (three titles published, more to follow) from Hamdard Foundation, Pakistan, Hamdard Centre, Nazimabad, Karachi 18, Pakistan.

N.B. The Child-to-Child Trust holds reference copies of some activity sheets in **Amharic, Chinese, Portuguese, Swahili (Zanzibar)** and **Vietnamese**. Charge normally made for photocopying and postage.